

12-27-15E

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION OR RECOMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15-205-24-275
County Wilson
NE SW NE Sec 12 Twp 27 Rge 15 East West

Operator: License # 9259
Name I.R.P.I.R. INC
Address Box 556
City/State/Zip JAWANDA, MO 67144

3705 Ft North from Southeast Corner of Section
16.50 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

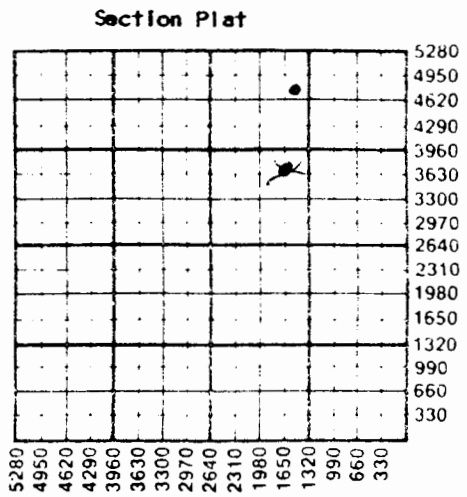
Purchaser NA
Operator Contact Person Jim Rieken
Phone 316-536-2364

Lease Name Clarkson Well # 6

Contractor: License # 5419
Name J.P. Drilling Co. Inc.
Site Geologist None
Phone

Field Name
Producing Formation Cattaraugus Dry
Elevation: Ground KB

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD Temp Abd
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply etc.)
If **OWNO**: old well info as follows:
Operator
Well Name
Comp. Date



WATER SUPPLY INFORMATION
Disposition of Produced Water: Disposal Repressuring
Docket #

WELL HISTORY
Drilling Method: Mud Rotary Air Rotary Cable
1-20-81 1-22-86 1-23-86
Spud Date Date Reached TD Completion Date
928
Total Depth PBDT

Questions on this portion of the ACO-1 call:
Water Resources Board (913) 296-3717
Source of Water:
Division of Water Resources Permit #
Groundwater.....Ft North from Southeast Corner (Well)Ft West from Southeast Corner of Sec Twp Rge East West
Surface Water.....Ft North from Southeast Corner (Stream, pond etc).....Ft West from Southeast Corner Sec Twp Rge East West
Other (explain).....
(purchased from city, R.W.D. #)

Amount of Surface Pipe Set and Cemented at 40' feet.
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set.....feet
If alternate 2 completion, cement circulated from.....feet depth to.....SX cmt
Cement Company Name Consolidated
Invoice #

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 apply.
Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form. See rule 82-3-107 for confidentiality in excess of 12 months.
One copy of all wireline logs and drillers time log shall be attached with this form. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

SIDE TWO

Operator Name TRIPLE R INC. Lease Name CLARKSON Well # 6

Sec. 12 Twp. 27 Rge. 15 East West County Wilson

WELL LOG

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
Samples Sent to Geological Survey Yes No
Cores Taken Yes No

Formation Description
 Log Sample

Name Top Bottom
Cattlemen 831 884 *Sandy shale*

CASING RECORD New Used

Report all strings set-conductor, surface, intermediate, production, etc.

Purpose of String	Size Hole Drilled	Size Casing Set (in O.D.)	Weight Lbs/Ft.	Setting Depth	Type of Cement	#Sacks Used	Type and Percent Additives
<u>SURFACE</u>	<u>6 1/8"</u>	<u>6 3/8"</u>		<u>40'</u>			

PERFORATION RECORD

Acid, Fracture, Shot, Cement Squeeze Record

Shots Per Foot	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
	<u>NA</u>	<u>DRY & Abandoned</u>	

TUBING RECORD Size Set At Packer at Liner Run Yes No

Date of First Production Producing Method Flowing Pumping Gas Lift Other (explain).....