

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 6035
Name: ONE OK D/B/A KANSAS GAS SERVICE
Address: 1021 East 27th
City/State/Zip: Wichita, Kansas 67201
Purchaser: _____
Operator Contact Person: Ray Sams
Phone: (316) 832-3184
Contractor: Name: ROSENCRANTZ BEMIS ENT. D/B/A
License: 6427 DARLING DRILLING CO.
Wellsite Geologist: Greg Dodson

Designate Type of Completion:

☒ New Well ☐ Re-Entry ☐ Workover
☐ Oil ☐ SWD ☐ SLOW ☐ Temp. Abd.
☐ Gas ☐ ENHR ☐ SIGW
☐ Dry ☒ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: _____
Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____
☐ Deepening ☐ Re-perf. ☐ Conv. to Enhr./SWD
☐ Plug Back _____ Plug Back Total Depth _____
☐ Commingled _____ Docket No. _____
☐ Dual Completion _____ Docket No. _____
☐ Other (SWD or Enhr.?) _____ Docket No. _____

12/03/01 12/03/01 12/03/01
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 173-20971-0000

County: Sedgwick

W2 NW NE NW Sec. 5 Twp. 28 S. R. 1 ☒ East ☐ West
290 feet from S / N (circle one) Line of Section
1453 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Public R-O-W Station # 561 Well #: M

Field Name: _____

Producing Formation: _____

Elevation: Ground: 1290 Kelly Bushing: _____

Total Depth: 39ft Plug Back Total Depth: 39ft

Amount of Surface Pipe Set and Cemented at N/A Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used NO RESERVE PIT

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West

County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of 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 geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Greg Dodson

Title: Mgr Date: 2-22-02

Subscribed and sworn to before me this 22 day of February

10 2002

Notary Public: Juliana Dodson

Date Commission Expires: 02/06/05

KCC Office Use ONLY

N Letter of Confidentiality Attached

If Denied, Yes ☐ Date: _____

N Wireline Log Received

N Geologist Report Received

_____ UIC Distribution

Operator Name: ONE OK D/B/A KANSAS GAS SERVICE Lease Name: Public R-O-W Station # 561 Well #: M

Sec. 5 Twp. 28 S. R. 1 ☒ East ☐ West County: Sedgwick

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken
(Attach Additional Sheets)

☐ Yes ☒ No

Samples Sent to Geological Survey

☐ Yes ☒ No

Cores Taken

☐ Yes ☒ No

Electric Log Run
(Submit Copy)

☒ Yes ☐ No

List All E. Logs Run:

☐ Log

Formation (Top), Depth and Datum

☐ Sample

Name

Top

Datum

| CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> 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 |
| KCC | DID NOT | REQUIRE ANY | CASING PER | EXEMPT | ION | 12/03/01 | |
| | | | | | | | |
| | | | | | | | |

| ADDITIONAL CEMENTING / SQUEEZE RECORD | | | | |
|---|------------------|----------------|-------------|--|
| Purpose: | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
| <input type="checkbox"/> Perforate | | | | |
| <input type="checkbox"/> Protect Casing | | | | |
| <input checked="" type="checkbox"/> Plug Back TD | AQUA | GUARD WAS | PUMPED IN | FROM T.D. TO 3' BELOW GROUND-THEN HOLE |
| <input checked="" type="checkbox"/> Plug Off Zone | PLUG TO | SURFACE | | |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) | Depth |
|----------------|---|---|-------|
| | NONE | | |
| | | | |
| | | | |
| | | | |
| | | | |

TUBING RECORD

Size

Set At

Packer At

Liner Run

☐ Yes ☐ No

N/A

Date of First, Resumed Production, SWD or Enhr.

Producing Method

☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain)

N/A

Estimated Production Per 24 Hours

Oil Bbls.

Gas Mcf

Water Bbls.

Gas-Oil Ratio

Gravity

N/A

N/A

N/A

Disposition of Gas

METHOD OF COMPLETION

Production Interval

☐ Vented ☐ Sold ☐ Used on Lease
(If vented, Sumit ACO-18.)

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled

☒ Other (Specify) PRE-PLUG