

**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  
 Oil     SWD     SLOW  
 Gas     ENHR     SIGW  
 Dry     Other (Core, WSW, Expl., well, 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. \_\_\_\_\_

<u>11/26/01</u>	<u>11/26/01</u>	<u>11/26/01</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 173-20931-0000

County: Sedgwick

W2 NE NW Sec. 5 Twp. 28 S. R. 1  East  West

288 feet from S N (circle one) Line of Section

1444 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 #: C

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: 1290 Kelly Bushing: \_\_\_\_\_

Total Depth: 35ft. Plug Back Total Depth: 35ft.

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** All 111 Well 5-6-03  
 (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

20 2002  
 Notary Public: James 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 #: C

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.

<p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i></p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i></p> <p>List All E. Logs Run:</p>	<p><input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample</p> <p>Name Top Datum</p>
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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	11/26/01	

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

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 <input type="checkbox"/> Yes <input type="checkbox"/> No
N/A				
Date of First, Resumed Production, SWD or Enhr.		Producing Method		
N/A		<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
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
<input type="checkbox"/> Vented <input type="checkbox"/> Solid <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input checked="" type="checkbox"/> Other (Specify) <u>PRE-PLUG</u>	