

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

Operator: License # 5817Name: Benson Mineral GroupAddress Box 707City/State/Zip Howard, KS 67349Purchaser: N/AOperator Contact Person: E. Wayne WillhitePhone (620) 3742133Contractor: Name: McPherson DrillingLicense: 5675Wellsite Geologist: Wm Stout

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:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

☐ Deepening ☐ Re-perf. ☐ Conv. to Inj. ASD
☐ Plug Back ☐ PBTD
☐ Commingled ☐ Docket No. _____
☐ Dual Completion ☐ Docket No. _____
☐ Other (SWD or Inj?) Docket No. _____

11-20-00 11-22-00 1-15-01
 Spud Date Date Reached TD Completion Date

API NO. 15- 133-25648-0000County NeoshoNW-NE-NE - Sec. 26 Twp. 28 Rge. 18 ☒ E400 Feet from S (circle one) Line of Section1000 Feet from EW (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)Lease Name O. Swiler Well # 26-1Field Name UrbanaProducing Formation Summit+ Mulky COALSElevation: Ground 944 KB _____Total Depth 1043 PBTD _____Amount of Surface Pipe Set and Cemented at 58 FeetMultiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 1043feet depth to surface w/ 125 sx cmt.Drilling Fluid Management Plan ALT 2 gk 9/11/01
(Data must be collected from the Reserve Pit)N/A air rig

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 207B, 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 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 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 E. Wayne Willhite
 Title Agent Date 2-26-01

Subscribed and affirmed to before me this 26 day of February,
2001

Notary Public E. Wayne WillhiteDate Commission Expires August 21, 2001

E. WAYNE WILLHITE
 NOTARY PUBLIC
 STATE OF KANSAS
 MY APPT. EXPIRES: 8/21/01

K.C.C. OFFICE USE ONLY

F ☒ Letter of Confidentiality Attached
 C ☒ Wireline Log Received
 C ☐ Geologist Report Received

Distribution

☐ KCC ☐ SMD/Rep ☒ NGPA
☐ KGS ☐ Plug ☒ Other (Specify)
IDG

Operator Name Benson Mineral Group Lease Name O. Swiler Well # 26-1
 Sec. 26 Twp. 28 Rge. 18 ☒ East ☐ West
 County Neosho

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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	see attached sheet		
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E.Logs Run:				
Gamma-Ray-Neutron Cement Bond Log				

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
Surface	11"	8 5/8"	32#	68'	reg	12	-
Production	6 3/4"	4 1/2"	10 1/2#	1043	Thickset	125	Flocele 30#

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 type="checkbox"/> Plug Back TD				
<input 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	
4	540-550'	40 shots	800 gal 7 1/2% mud acid	540-550 554-559
4	554-559'	21 shots	sand frac 130 sacks	540-550 554-559
TUBING RECORD		Size 2 3/8"	Set At 590'	Packer At
				Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. 1-15-01		Producing Method <input type="checkbox"/> Flowing <input checked="" 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
			150	

Disposition of Gas: METHOD OF COMPLETION Production Interval

☐ Vented ☐ Sold ☐ Used on Lease ☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Conmingled

(If vented, submit ACO-18.) ☐ Other (Specify) _____