

18-285-22E

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

API NO. 15- 15-037-70245

County Crawford

SW NW NW - KCC
NW- - - - Sec. 18 Twp. 28S Rge. 22 XXE
W

2785 Feet from S/W (circle one) Line of Section

5135 Feet from E/W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Herod Well # OGW

Field Name _____

Producing Formation _____

Elevation: Ground _____ KB _____

Total Depth 260' PBTD _____

Amount of Surface Pipe Set and Cemented at _____ 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 cnt.

Drilling Fluid Management Plan PA 82 8-1-96
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls
KCC District #3

Dewatering method used _____

Location of fluid disposal if hauled offsite JUL 29 1996

Operator Name _____

Lease Name Chanute, KS License No. _____

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

County _____ Docket No. _____

Operator: License # None

Name: Jon & Robert Herod

Address 2009 Center St.

Garden City. Ks.

City/State/Zip 67846

Purchaser: _____

Operator Contact Person: Robert Herod

Phone (____) _____

Contractor: Name: K-W Oil Well Service

License: 3097

Wellsite Geologist: _____

Designate Type of Completion
_____ New Well _____ Re-Entry X Workover

_____ Oil _____ SWD _____ S10W _____ Plug _____ Temp. Abd.
X Gas _____ ENHR _____ S1GW
_____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

_____ Deepening _____ Re-perf. _____ Conv. to Inj/SWD
X Plug Back Top to bottom PBTD
_____ Commingled Docket No. _____
_____ Dual Completion Docket No. _____
_____ Other (SWD or Inj?) Docket No. _____

Spud Date _____ Date Reached TD 7-9-96 Completion Date _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule C2-3-130, 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. JUL 31 1996

Signature [Signature]

Title K-W Oil Well Service Date 7/24/96

Subscribed and sworn to before me this 24 day of July 1996.

Notary Public [Signature]

Date Commission Expires 3-38-00

K.C.C. OFFICE-USE ONLY
F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Geologist Report Received
Distribution
✓ KCC _____ SWD/Rep _____ NGPA
KGS _____ Plug _____ Other (Specify) IS

NOTARY PUBLIC - State of Kansas
IVY KEPLEY
My Comm. Exp. 3-38-00

555-285-81

532338

SIDE TWO

Operator Name Jon & Robert Herod Lease Name Herod Well # OGW

Sec. 18 Twp. 28S Rge. 22 East West County Crawford

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 type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			

List All E.Logs Run:

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

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 <input type="checkbox"/> Plug Off Zone	260'	Portland	35 sacks	

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

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or Inj.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravit
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Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____