

COPY

3-28-23E ORIGINAL

FORM MUST BE TYPED

SIDE ONE

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

Operator: License # 3089
Name: BLUE TOP CRUDE OIL CO INC
Address: RR5 Box 149
City/State/Zip: FT SCOTT KS 66701
Purchaser: ENRON
Operator Contact Person: LIZ REUSCH
Phone: (316) 362-4906
Drill Contractor Name: _____
License: _____
Wellsite Geologist: None

Designate Type of Completion
New Well Re-Entry _____ Workover _____
Oil _____ SWD _____ SIOW Temp. Abd.
Gas _____ ENHR _____ SIGW _____
Dry _____ Other (Core, WSV, Expl., Cathodic, etc) _____

If Workover/Re-Entry: old well info as follows:
Operator: Mike Chase
Well Name: GR 50X #8
Comp. Date 10-30-85 Old Total Depth 205'
 SET LONGSTRING AND CAPPED
Deepening _____ Re-part. _____ Conv. to Inj/SWD _____
Plug Back _____ PSTD _____
Casing/led _____ Docket No. _____
Dual Completion _____ Docket No. _____
Other (SWD or Inj?) Docket No. _____
Date _____ Date Reached TD _____ Completion Date 7-29-94

APR NO. 15- 037-21,375-200
County CRAWFORD
NE Sec. 3 Twp. 28 Rge. 23 E V
4620 Feet from (S)X (circle one) Line of Section
1155 Feet from (W) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name GRX 50 Well # 8
Field Name FARLINGTON
Producing Formation PERU Sand
Elevation: Ground _____ KB _____
Total Depth 205 PSTD _____
Amount of Surface Pipe Set and Cemented at 20 Feet
Multiple Stage Cementing Collar Used? _____ Yes _____ No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 175
feet depth to SURFACE vi 17 sz cat.
Drilling Fluid Management Plan REENTRY JH 4-10-95
(Data must be collected from the Reserve Pit)
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. _____ Rng. _____ E/V _____
County _____ Docket No. _____

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. 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidentially 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 reports 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 Martin J. Stankel
Title President Date 9-19-94
Subscribed and sworn to before me this 19th day of Sept.
Notary Public Rosalie Wedell
Date Commission Expires _____

NOTARY PUBLIC
STATE OF KANSAS
ROSALIE WEDELL
My Appt. Exp. 6-1-97

K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Geologist Report Attached
RECEIVED
CORPORATION COMMISSION
SEP 21 1994
Distribution
KCC _____ SWD/Rep _____
KGS _____ Plug _____
(Specify)

Operator Name **BLUE TOP CRUDE OIL CO INC**

SIDE TWO

533980

Lease Name **GRX 50**

Well # **8**

Sec. **3** Twp. **28** Rge. **23**
 East
 West

County **CRAWFORD**

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem test 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 sheets if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)
 List All E.Logs Run:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 THE ABOVE COMPANY DID NOT DRILL THIS WELL IT WAS DRILLED IN 1985. (INTENT ATTACHED). THE WELL WAS A SURFACE CASING ONLY UNTIL NOW.
 THE ABOVE COMPANY RECENTLY ACQUIRED THE LEASE

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		6 1/4		20	NOT AVAILABLE		
PRODUCTION		2 3/8		175	PORTLAND	17	

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
Perforate					
Protect Casing					
Plug Back TD					
Plug Off Zone					

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth

TUBING RECORD Size **None** Set At Packer At Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. **Inactive since casing was run** Producing Method Flooding Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil **N/A** Bbls. Gas **N/A** Mcf Water **N/A** Bbls. Gas-Oil Ratio Gravity

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)
 METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other
 Production Interval