

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
September 1989  
Form ACO-1 Rev 8/89

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 32485  
Name: Thomas Wade Patteson  
Address: 484 Osage Trail  
City/State/Zip: Moline, Ks. 67353  
Purchaser: Plains Marketing  
Operator Contact Person: T Wade Patteson  
Phone: (620) 647-3200  
Contractor: Name: C & E. Blue Star Acid & Cornish Wireline Services  
License: 32591  
Wellsite Geologist: SE-NW-SE  
Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  SWD  SIOW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic, etc)  
If Workover/Re-entry: Old Well info as follows:  
Operator: Ronald R. Durbin  
Well Name: Thomas #2  
Original Comp. Date: 12-9-1959 Original Total Depth: 2030  
 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. D07555.0  
6.7.03 6-14-03  
Spud Date or Date Reached TD 6-14-03 Completion Date or Recompletion Date  
Recompletion Date

API No. 15 - 15-049-19033-00-01  
County: Elk  
SE-NW-SE Sec. 12 Twp. 29 S. R. 12  East  West  
1520 feet from (S) / N (circle one) Line of Section  
1420 feet from (E) / W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE (SE) NW SW  
Lease Name: Thomas Well #: 2  
Field Name: Thomas  
Producing Formation: Arbuckle  
Elevation: Ground: 1052 Kelly Bushing: \_\_\_\_\_  
Total Depth: 2043 Plug Back Total Depth: 1919  
Amount of Surface Pipe Set and Cemented at 0'-250' Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from 0'  
feet depth to 550' w/ 160 sx cmt.  
added together with 75 sacks below-  
Drilling Fluid Management Plan Workover 235 sac  
(Data must be collected from the Reserve Pit) 11-9-4-03  
Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls  
Dewatering method used swd- arbuckle  
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: Thomas Wade Patteson  
Title: owner Date: 08-1-03  
Subscribed and sworn to before me this 1 day of AUGUST  
2003  
Notary Public: Debbie S. Wolfe  
Date Commission Expires: 7-20-06

KCC Office Use ONLY  
 Letter of Confidentiality Attached  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

 **DEBBIE S. WOLFE**  
Notary Public - State of Kansas

Operator Name: T Wade Patteson Lease Name: Thomas Well #: 2  
 Sec. 12 Twp. 29 s. R. 12  East  West County: Elk

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name <u>Arbuckle</u> Top <u>1967</u> Datum _____
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CASING RECORD <input type="checkbox"/> New <input checked="" 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	# Sacs Used	Type and Percent Additives
surface		8"		250'		n/a	
production		7"		1595'		100 SKS	
production (lined)		4 1/2"		2030'		235 SKS	
water disposal		2 3/8" EUE		1919'		none	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input checked="" type="checkbox"/> Protect Casing	540'	grade a	130	2% gel & 1% calcium
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone	550'	reg grade a	30	1 1/2 % calcium

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
2 shots	540'	bridge plug set at	1920		cement squeeze grade a		540'
2 shots	550'	"	"	"	cement squeeze grade a		550'

TUBING RECORD		Size <u>2 3/8 (lined)</u>	Set At <u>1919</u>	Packer At <u>1919</u>	Liner Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>6-17-03 swd</u>			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. <u>13</u>	Gas Mcf	Water Bbls. <u>1300</u>	Gas:Oil Ratio	Gravity <u>21</u>

Disposition of Gas      METHOD OF COMPLETION      Production Interval

Vented     Sold     Used on Lease     Open Hole     Perf.     Dually Comp.     Commingled  
*(If vented, Submit ACO-18.)*       Other (Specify) \_\_\_\_\_