

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 # 32187  
Name: Southwind Exploration, LLC  
Address: P.O. Box 34  
City/State/Zip: Piqua, KS 66761  
Purchaser: Seminole  
Operator-Contact Person: F.L. Ballard  
Phone: (620) 468-2885  
Contractor: Name: McPherson Drilling  
License: 5675  
Wellsite Geologist: Randy Donovan

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: \_\_\_\_\_

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. _____	

6/19/02      6/20/02      9/10/02  
Spud Date or      Date Reached TD      Completion Date or  
Recompletion Date      Recompletion Date

API No. 15 - 205-25549-0000

County: Wilson  
SE - NW - Sec. 10 Twp. 30 S. R. 17  East  West  
3300 feet from S / N (circle one) Line of Section  
3300 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: K. Thornton (10) Well #: 1

Field Name: Neodesha East

Producing Formation: Cherokee

Elevation: Ground: 945' Kelly Bushing: \_\_\_\_\_

Total Depth: 790 Plug Back Total Depth: \_\_\_\_\_

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 778'

feet depth to Surface w/ 161 sx cmt.

**Drilling Fluid Management Plan**

(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. \_\_\_\_\_ 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: F.L. Ballard

Title: Agent Date: \_\_\_\_\_

Subscribed and sworn to before me this 25th day of September

xx 2002

Notary Public: Lucille Rice

Date Commission Expires: 04/23/06

**KCC Office Use ONLY**

Letter of Confidentiality Attached

If Denied, Yes  Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

Operator Name: Southwind Exploration, LLC Lease Name: K. Thornton Well #: 1  
 Sec. 10 Twp. 30 s. R. 17  East  West County: Wilson

**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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<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 logs	
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			
Drillers logs Gamma Ray Neutron			

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
Surface	11"	8 5/8"	32#	20'	Portland	4	
Production	6 3/4"	4 1/2"	10.5#	778.40'	50/50 poz	161	
					Mix		

ADDITIONAL CEMENTING / SQUEEZE RECORD

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

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	670-680		15% HCL	
2	690-698		15,000# 20 x 40 sand	670-698

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr. 9/30/02	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
	X 0	X 50	X	40		

Disposition of Gas	METHOD OF COMPLETION	Production Interval

<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Sumit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled
	<input type="checkbox"/> Other (Specify) _____