

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 # 32845  
Name: Devon SFS Operating Inc.  
Address: 20 North Broadway, Suite 1500  
City/State/Zip: Oklahoma City, OK 73102-8260  
Purchaser: Tall Grass, LLC  
Operator Contact Person: Robert Cole  
Phone: ( 405 ) 235-3611  
Contractor: Name: Mokat Drlg.  
License: #5831  
Wellsite Geologist: David Flemming

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/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. \_\_\_\_\_

10/1/01-Spud Date 10/2/01-TD Temp. Abd.-WOC

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 133-25706

County: Neosho

\_\_\_\_\_ SE Sec. 26 Twp. 30 S. R. 18 ☒ East ☐ West

600 feet from S N (circle one) Line of Section

1210 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Dan Bogner Well #: 26-1

Field Name: \_\_\_\_\_

Producing Formation: Mississippi

Elevation: Ground: N/A Kelly Bushing: \_\_\_\_\_

Total Depth: 1,011 ft. Plug Back Total Depth: 999 ft.

Amount of Surface Pipe Set and Cemented at 22 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from Surface

feet depth to 1,006 ft. w/ 145 sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content N/A ppm Fluid volume N/A 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: Robert Cole

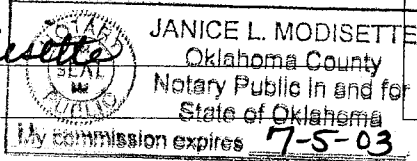
Title: Eng Tech Date: 12/20/01

Subscribed and sworn to before me this 20th day of December

12 2001

Notary Public: Janice L. Modisette

Date Commission Expires: \_\_\_\_\_



**KCC Office Use ONLY**

☐ Letter of Confidentiality Attached

If Denied, Yes ☐ Date: \_\_\_\_\_

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

Operator Name: Devon SFS Operating Inc. Lease Name: Dan Bogner Well #: 26-1  
 Sec. 26 Twp. 30 S. R. 18 ☒ East ☐ West County: Neosho

**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 ☐ 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:

GR, N, D, DIL, CBL

☒ Log Formation (Top), Depth and Datum ☒ Sample

Name Top Datum

See Attachments

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 #/ft           | 22'           | Portland       | 4            | none                       |
| Production        | 7 7/8"            | 5 1/2"                    | 15.5 #/ft         | 1,006'        | CI "A"         | 145          | ThickSet                   |
|                   |                   |                           |                   |               |                |              |                            |

ADDITIONAL CEMENTING / SQUEEZE RECORD

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

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br>(Amount and Kind of Material Used) | Depth |
|----------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------|
| 4 spf          | 931'-934' Riverton                                                                        | None                                                                              |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |

| TUBING RECORD                                                        | Size                                                                                                                                                          | Set At         | Packer At          | Liner Run                                                |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------|----------------------------------------------------------|
|                                                                      | N/A                                                                                                                                                           | N/A            | N/A                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of First, Resumed Production, SWD or Enhr.<br>Temp Abd.-WOC-WOP | Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) |                |                    |                                                          |
| Estimated Production Per 24 Hours                                    | Oil Bbls.<br>N/A                                                                                                                                              | Gas Mcf<br>N/A | Water Bbls.<br>N/A | Gas-Oil Ratio Gravity                                    |

Disposition of Gas

METHOD OF COMPLETION

Production Interval

☐ Vented ☐ Sold ☐ Used on Lease  
 (If vented, Sumit ACO-18.)

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled  
☒ Other (Specify) Temp Abd.-WOC-WOP