

SIDE ONE

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

34-30-225



PI NO. 15-037-21383

Operator: License # 8462
Name LORREN SMITH
Address R-B-1
ASWE.80. ILLINOIS
City/State/Zip 62358

Purchaser Sahara Oil Co
INDEPENDENCE KANSAS

Operator Contact Person MERLE CLAWSON
Phone 316-632-4904

Contractor: License # 07897
Name MERLE CLAWSON

Wellsite Geologist LORREN SMITH
Phone 316-842-6264

Designate Type of Completion

☒ New Well ☐ Re-Entry ☐ Workover
☒ Oil ☐ SWD ☐ Temp Abd
☐ Gas ☐ Inj ☐ Delayed Comp.
☐ Dry ☐ Other (Core, Water Supply etc.)

If OWWO: old well info, as follows:

Operator MERLE CLAWSON
Well Name CLAWSON #5
Comp. Date Old Total Depth.....

WELL HISTORY

Drilling Method:

Mud Rotary ☐ Air Rotary ☒ Cable
9-10-86 9-25-86 9-27-86
Spud Date Date Reached TD Completion Date
216 216
Total Depth PBTD

Amount of Surface Pipe Set and Cemented at 26 feet
Multiple Stage Cementing Collar Used? Yes ☒ No
If yes, show depth set.....feet
If alternate 2 completion, cement circulated
from.....feet depth to 20 w/ 1/4 SX cmt
Cement Company Name Southern Lane

County Crow Ford
SW SW - KU Record
NE SW NW Sec 34 Twp 30 Rge 22 East
179 FSL 4921 FEL
3940 Ft North from Southeast Corner of Section
4355 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

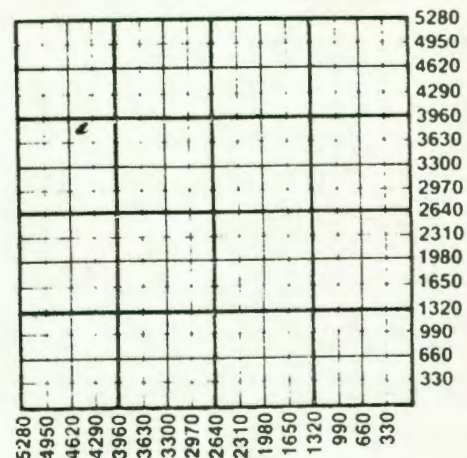
Lease Name CLAWSON Well # 5

Field Name CLAWSON

Producing Formation BARTLESVILLE

Elevation: Ground 535 KB 190

Section Plat



X WATER SUPPLY INFORMATION

Disposition of Produced Water: ☐ Disposal
Docket # ☐ Repressuring

Questions on this portion of the ACO-1 call:

Water Resources Board (913) 295-3717

Source of Water:

Division of Water Resources Permit #.....

Groundwater.....Ft North from Southeast Corner
(Well)Ft West from Southeast Corner of
Sec Twp Rge East West

Surface Water.....Ft North from Southeast Corner
(Stream, pond etc).....Ft West from Southeast Corner
Sec Twp Rge East West

Other (explain).....

(purchased from city R.W.D. #)

	Oil	Gas	Water	Gas-Oil Ratio	Gravity
Estimated Production Per 24 Hours	5		2		
	Bbls	MCF	Bbls	CFPB	

METHOD OF COMPLETION

Production Interval

SIDE TWO

Operator Name MERLE C. CLAWS Lease Name CLAWSON Well # 5Sec. 34 Twp. 30 Rge. 22 ☒ East ☐ WestCounty GRAND FORD

WELL LOG

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 ☐ Yes ☒ No
 Samples Sent to Geological Survey ☐ Yes ☒ No
 Cores Taken ☐ Yes ☒ No

Formation Description
☐ Log ☐ Sample

Name	Top	Bottom
BLACK SOIL	0 ft	2 ft
BLACK SHELL	5 ft	7 ft
LIME ROCK	4 ft	11 ft
Grey Shell	1 ft	12 ft
LIME ROCK	13 ft	25 ft
LIGHT GREY SHELL	25 ft	50 ft
Grey Shell	64 ft	101 ft
LIGHT SANDY SHELL	28 ft	129 ft
DARK GREY SHELL	24 ft	153 ft
Grey Shell	30 ft	183 ft
LIGHT SANDY SHELL	2 ft	185 ft
OIL SANDY	31 ft	216 ft
		T.D.

Packer set at 192 ft

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
Oil	6 3/8	6 5/8	24	20	Mowat	4	NONE

PERFORATION RECORD

Shots Per Foot	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	☐ Yes ☒ No
	2	200	196		

Date of First Production _____ Producing Method ☐ Flowing ☒ Pumping ☐ Gas Lift ☐ Other (explain) _____