

FORM MUST BE TYPED

SIDE ONE

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

7085

Operator: License # 3234

Name: URANUS, INC.

Address 800 WEST 47TH STREET,
SUITE 318

City/State/Zip KANSAS CITY, MO 64112

Purchaser: PERU-HALE PIPELINE SYSTEM

Operator Contact Person: MITCHELL HERL

Phone (816) 531-0202

Contractor: Name: OSAGE DRILLING INC.

License: NA

Wellsite Geologist: NA

Designate Type of Completion

 New Well Re-Entry XX Workover

XX 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: OSAGE DRILLING INC.

Well Name: D-4

Comp. Date 10/24/80 Old Total Depth 1712

 Deepening XX Re-perf. Conv. to Inj/SWD
 Plug Back 1550 PBTD
 Commingled Docket No.
 Dual Completion Docket No.
 Other (SWD or Inj?) Docket No.

10-20-80 10-24-80 7-21-92
Spud Date Date Reached TD Completion Date

API NO. 15- 019-22,044 0001

County CHAUTAUQUA

 - SW - SE - SE Sec. 19 Twp. 33 Rge. 13 XX E W

330 Feet from S/N (circle one) Line of Section

990 Feet from E/W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW, or SW (circle one)

Lease Name BALLARD Well # D-4

Field Name FRASIER

Producing Formation SUMMIT COAL

Elevation: Ground 952 KB NA

Total Depth 1712 PBTD 1550

Amount of Surface Pipe Set and Cemented at 225 Feet

Multiple Stage Cementing Collar Used? Yes XX No

If yes, show depth set NA Feet

If Alternate II completion, cement circulated from NA

feet depth to NA w/ NA 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 Rng. E/W

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 Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on 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 *Mitchell Herl*

Title AGENT FOR, URANUS, INC. Date 11-16-92

Subscribed and sworn to before me this 16 day of Nov.
19 92

Notary Public *[Signature]*

Date Commission Expires 4-16-94

K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received

Distribution

 KCC SWD/Rep NGPA
 KGS Plug Oth (Specify)

RECEIVED
KANSAS CORPORATION COMMISSION
NOV 19 1992

Operator Name URANUS, INC. Lease Name BALLARD Well # D-4
 Sec. 19 Twp. 33S Rge. 13 ☒ East ☐ West
 County CHAUTAUQUA

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 (Attach Additional sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SUMMIT COAL	1304	-342

List All E. Logs Run:

SEE PREVIOUS LOGS SUBMITTED WITH ORIGINAL ACO-1

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							NA

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing	1085-1095	PORTLAND "A"	55	1 SK, GILSONITE
<input type="checkbox"/> Plug Back TD				
<input checked="" type="checkbox"/> 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)	
2	1304-1310	3 1/8 DML HSC	15000# SAND, 265 BBLS, 40 LB GEL	1304-1310
			CITY WATER	

TUBING RECORD		Size	Set At	Packer At	Liner Run		
		2"	1200		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Date of First, Resumed Production, SWD or Inj.		Producing Method					
7-30-92		<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
	0		20		5		100 : 0
						Gravity	

Disposition of Gas:	METHOD OF COMPLETION		Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled		1304-1310
(If Vented, submit ACO-18.)	<input type="checkbox"/> Other (Specify) _____		