

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 # 30451  
Name: KanMap, Inc  
Address: 2003 W. Maple  
Independence, KS 67301  
City/State/Zip: \_\_\_\_\_  
Purchaser: Cherokee Methane Corp.  
Operator Contact Person: Vance K. Cain  
Phone: (620) 331-3140  
Contractor: Name: Earth Scientists Ltd.  
\_\_\_\_\_  
\_\_\_\_\_

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: Bounty Petroleum Corp.  
Well Name: Thiessen C-1

Original Comp. Date: 7-20-80 Original Total Depth: 1181  
\_\_\_\_ Deepening ☒ Re-perf. \_\_\_\_ Conv. to Enhr./SWD  
☒ Plug Back 1114 Plug Back Total Depth  
\_\_\_\_ Commingled Docket No. \_\_\_\_\_  
\_\_\_\_ Dual Completion Docket No. \_\_\_\_\_  
\_\_\_\_ Other (SWD or Enhr.?) Docket No. \_\_\_\_\_

10-26-79 10-28-79 03-05-01  
Spud Date or Date Reached TD Completion Date or  
Completion Date Recompletion Date

API No. 15- 125-22,298-0001  
County: Montgomery  
SW SW SW Sec. 20 Twp. 33 S. R. 16 ☒ East ☐ West  
\_\_\_\_\_ feet from (S) N (circle one) Line of Section  
\_\_\_\_\_ feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW (SW)  
Lease Name: Dennis Well #: 15-20  
Field Name: Jefferson-Sycamore

Producing Formation: Riverton Coal  
Elevation: Ground: 800 Kelly Bushing: \_\_\_\_\_  
Total Depth: 1181 Plug Back Total Depth: 1114  
Amount of Surface Pipe Set and Cemented at 157 Feet  
Multiple-Stage Cementing Collar Used? ☐ Yes ☒ No  
If yes, show depth set \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from 157  
feet depth to surface w/ 15 sx cmt.

Drilling Fluid Management Plan  
(Data must be filed with the Reserve Pit)  
Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls  
Dewatering \_\_\_\_\_ 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: Glenda K. Bryant  
Title: General Manager Date: 5-16-2001  
Subscribed and sworn to before me this 16 day of May,  
2001  
Notary Public: Glenda K. Bryant  
Date Commission Expires: 9-15-2001

KCC Office Use ONLY

\_\_\_\_ Letter of Confidentiality Attached  
If Denied, Yes ☐ Date: \_\_\_\_\_  
\_\_\_\_ Wireline Log Received  
\_\_\_\_ Geologist Report Received  
\_\_\_\_ UIC Distribution

GLEND K. BRYANT  
Notary Public - State of Kansas  
9-15-2001

23944

Side Two

Operator Name: KanMap, Inc. Lease Name: Dennis Well #: 15-20  
 Sec. 20 Twp. 33 S. R. 16 ☒ East ☐ West County: Montgomery

**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 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 type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electric Log Run (Submit Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:	Unknown, no information available		

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	# Sacks Used	Type and Percent Additives
Surface	8 3/4	7"	20#	157'	Portland	15	3% Calcium
Production	6 1/4	4.5"	9.5#	1180'	Portland	130	3% Gel

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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	CIBP @ 1114'	150 Gal 15% HCL	1083
4	1083-1086	Frac w/420 gal city wtr and 4200# 20/40 sand	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2.375	1096'	none	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.		Producing Method			
3-19-01		<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
	none	15	25 bbls		

Disposition of Gas: ☐ Vented ☒ Sold ☐ Used on Lease (If vented, Sumit ACO-18.)

METHOD OF COMPLETION: ☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled

Production Interval: ☐ Other (Specify) \_\_\_\_\_