

COPY

SIDE ONE

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

Operator: License # 8462
Name: LOREN SMITH
Address R-R-1 OSWEGO KS
BOX 198
City/State/Zip 67356
Purchaser: ENRON
rator Contact Person: LOREN SMITH
Phone (316) 827-6264
Contractor: Name: LOREN SMITH
License: 8462
Wellsite Geologist: LOREN SMITH

Designate Type of Completion

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

If ~~OWNO~~: old well info as follows:

Operator: _____

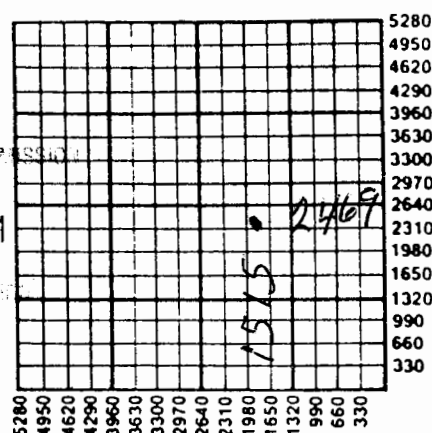
Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

☐ Mud Rotary ☐ Air Rotary ☒ Cable

10-7-90 OCT 31-90 11-12-90
d Date Date Reached TD Completion Date

API NO. 15- 021-20223County CHEROKEENW 1/4 Sec. 16 Twp. 33 Rge. 24 ☒ East ☐ West1515 Ft. North from Southeast Corner of Section2469 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)Lease Name NELSON Well # 1Field Name NELSONProducing Formation NONEElevation: Ground 535 KB _____Total Depth 380 PBTD _____

A1-11 DKA

Amount of Surface Pipe Set and Cemented at 20 FeetMultiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 reline logs and drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 Loren SmithTitle owner Date _____Subscribed and sworn to before me this 22nd day of March, 19 91.Notary Public Debbie A. NeblettDate Commission Expires 11-9-91

K.C.C. OFFICE USE ONLY

F ☐ Letter of Confidentiality Attached
C ☐ Wireline Log Received
C ☐ Drillers Timelog Received

Distribution

☒ KCC ☐ SWD/Rep ☐ NGPA
☐ KGS ☐ Plug ☒ Other (Specify)

IDG

SIDE TWO

Operator Name LORIE N SMITH Lease Name NELSON Well # 1
 Sec. 16 Twp. 33 Rge. 24 ☒ East ☐ West
 County CHEROKEE

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
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey ☐ Yes ☒ No
 Cores Taken ☐ Yes ☒ No
 Electric Log Run ☐ Yes ☒ No
 (Submit Copy.)

Formation Description

☐ Log ☐ Sample

Name CASEING Top 0 - Bottom 20
Grey Shell 10 - 30
DARK Shell 261 - 371
ARBUNBLE 9 380
1 D

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
	<u>6 3/8</u>	<u>7 INCH</u>	<u>5. LBS/FT</u>	<u>20</u>	<u>MONARCH</u>	<u>3</u>	<u>NONE</u>

PERFORATION RECORD

Shots Per Foot Specify Footage of Each Interval Perforated

Acid, Fracture, Shot, Cement Squeeze Record
 (Amount and Kind of Material Used) Depth

	<u>Dry Hole</u>	
	<u>going to plug 3-9-91</u>	

TUBING RECORD

Size Set At Packer At

Liner Run ☐ Yes ☐ No

Date of First Production Producing Method ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain)

Estimated Production Per 24 Hours Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity

Disposition of Gas:

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

METHOD OF COMPLETION

☒ Open Hole ☐ Perforation ☐ Dually Completed ☐ Commingled
☐ Other (Specify) _____

Production Interval

