

23-34-19E
COPY

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

Sub

Operator: License # 31553
Name: UNI Exploration
Address: PO Box 207
Yates Center, Ks. 66783
City/State/Zip _____
Purchaser: unknown
Operator Contact Person: Bert Carlson
Phone (316) 625-3432
Contractor: Name: Company Tools
License: _____
Wellsite Geologist: None
Designate Type of Completion
____ New Well Re-Entry ____ Workover
 Oil ____ SWD ____ SIOW ____ Temp. Abd.
 Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

API NO. 15- UNKNOWN
County Labette
NE - NE NE 1/4 - E Sec. 23 Twp. 34 Rge. 19 E
3140 Feet from N (circle one) Line of Section
400 Feet from W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE SE, NW or SW (circle one)
Lease Name BROOKS Well # 2
Field Name BROOKS
Producing Formation MISSISSIPPI
Elevation: Ground 821 KB 3F
Total Depth 724 PBDT _____
Amount of Surface Pipe Set and Cemented at 21 Feet
Multiple Stage Cementing Collar Used? ____ Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from none
feet depth to _____ w/ _____ sx cnt.
Drilling Fluid Management Plan P & A 8/24 4-6-95
(Data must be collected from the Reserve Pit)

If Workover/Re-Entry: old well info as follows
Operator: Unknown KCC Ditchburn
Well Name: Brooks #2
Comp. Date ? Old Total Depth MAR 24 1995
 PLUG & ABANDON
____ Deepening ____ Re-perf. ____ Conv. to Inj/SWD
____ Plug Back ____ PBDT Chanute, KS
____ Commingled ____ Docket No. _____
____ Dual Completion ____ Docket No. _____
____ Other (SWD or Inj?) ____ Docket No. _____
un un 2-18-95
Date Date Reached TD Completion Date OF
PLUGGING

Drilling content un ppm Fluid volume _____ bbls
Dewatering method used un
Location of fluid disposal if hauled offsite: _____
Operator Name un
Lease Name BROOKS License No. UN
NE Quarter Sec. 23 Twp. 34 S Rng. 19 E/W
County Labette 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 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 Bert Carlson
Title UNI Exploration-Presd, Date 3-16-95
Subscribed and sworn to before me this 17 day of March, 19 95.
Notary Public Linda G. Call
Date Commission Expires _____

LINDA G. CALL
NOTARY PUBLIC
STATE OF KANSAS
MY APPT. EXPIRES _____

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 Other (Specify)

Operator Name UNKNOWN

Lease Name BROOKS Well # 2

Sec. 23 Twp. 34 Rge. 21

East
 West

County Labette

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.)

List All E.Logs Run:

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

UNKNOWN

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
GAS	6"	6-5/8	7	21	un	3	NONE

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				
<input type="checkbox"/> Plug Back TD			-0-	
<input 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)	Depth
-0-	-0-	-0-	-0-	724

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Inj.		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.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio

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

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____