

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

COPY

API NO. 15- 15-099-22,792-A

County LABETTE

C-S $\frac{1}{2}$ - NW - NE Sec. 35 Twp. 34 Rge. 20

Operator: License # 4870

Name: THOMAS A. LAUTH

Address 1447 PALACE AV.

City/State/Zip ST. PAUL, MN. 55105

Purchaser: NONE

Operator Contact Person: THOMAS A. LAUTH

Phone (612) 699-6409

Contractor: Name: KEPHART DRILLING

License: # 5379

Wellsite Geologist: CINDY VAN DYKE

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: THOMAS A. LAUTH

Well Name: JL# 6 (15-099-22,792)

Comp. Date 3/31/90* Old Total Depth 20 FT.

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

8/21/91 8/24/91 PLUGGED
Spud Date Date Reached TD Completion Date

* SET SURFACE CASING ONLY ON 3/31/90

4290 Feet from S/W (circle one) Line of Section

1980 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 BOGLE Well # JL# 6-A

Field Name TOMEY

Producing Formation NONE

Elevation: Ground 851 FT. KB

Total Depth 888 FT. PBYD

Amount of Surface Pipe Set and Cemented at 20 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from N/A

feet depth to N/A w/ N/A sx cmt.

Drilling Fluid Management Plan N/A DRILLED WITH
(Data must be collected from the Reserve Pit) AIR ROTARY

AIR ROTARY
A I R R O T A R Y

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: N/A

Operator Name _____

Lease Name _____

Quarter Sec. _____ E/W

County _____ Docket No. _____

RECEIVED
STATE CORPORATION COMMISSION
FEB 05 1992
CONSERVATION DIVISION
WICHITA, KANSAS

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 Thomas A. Lauth

Title OPERATOR Date 1/30/92

Subscribed and sworn to before me this 30 day of Jun 1992

Notary Public Kristin E. Carlson

Date Commission Expires April 4 1992

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 JS
(Specify)

Operator Name THOMAS A. LAUTH Lease Name BOGLE Well # JL 6-A

Sec. 35 Twp 34 Rge. 20 East County LABETTE

West

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: None

| <input checked="" type="checkbox"/> Log | Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
|---|----------------------------------|---------------------------------|
| Name | Top | Datum |
| BARTLESVILLE SS. | 281'-284' | +570 |
| MISSISSIPPI CHAT | 503'-511' | +348 |
| MISSISSIPPI LS. | 511'-860' | +340 |
| CHATTANOOGA SH. | 860'-875' | = 9 |
| ARBUCKLE DOL. | 875'-888' | TD 4 |

| CASING RECORD <input checked="" 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 | 8 3/4" | 7" | 15 | 20 Ft. | TYPE I PORTLAND | 3 | None |
| CEMENTING BY KEPHART DRILLING #5379 | | | | | | | |

| ADDITIONAL CEMENTING/SQUEEZE RECORD | | | | |
|---|------------------|----------------|-------------|----------------------------|
| NONE (N/A) | | NONE (N/A) | | |
| 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 | | | | |
| <input type="checkbox"/> 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) |
|----------------|--|--|
| NONE | NONE | NONE |

| TUBING RECORD | Size | Set At | Packer At | Liner Run |
|---------------|------|--------|-----------|---|
| NONE | | | NONE | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| Date of First, Resumed Production, SWD or Inj. | Producing Method | Flowing | Pumping | Gas Lift | Other (Explain) |
|--|------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| N/A | N/A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Estimated Production Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |
| N/A | N/A | N/A | N/A | N/A | N/A |

Gas: N/A

METHOD OF COMPLETION: NONE - WELL PLUGGED

Open Hole Perf. Dually Comp. Commingled

Other (Specify) _____

Production Interval: _____