

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

Operator: License # 5930Name: Franklin D. GainesAddress P. O. Box 219Augusta, KS 67010

City/State/Zip _____

Purchaser: NAOperator Contact Person: Earl BrothersPhone (316) 678-3493Contractor: Name: Franklin D. GainesLicense: 5930Wellsite Geologist: Dean Seeber

Designate Type of Completion

☒ New Well ☐ Re-Entry ☐ Workover☐ Oil ☐ SWD ☐ SIOV ☐ Temp. Abd.☐ Gas ☐ ENHR ☐ SIGW☒ Dry ☐ Other (Core, WSV, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

☐ Deepening ☐ Re-perf. ☐ Conv. to Inj/SWD☐ Plug Back ☐ PSTD☐ Commingled ☐ Docket No. _____☐ Dual Completion ☐ Docket No. _____☐ Other (SWD or Inj?) ☐ Docket No. _____6/4/926/11/92

Spud Date

Date Reached TD

Completion Date

API NO. 15- 149-20,058County PottawatomieSE - SE - SE Sec. 24 Twp. 7 Rge. 11E E330 Feet from S/W (circle one) Line of Section330 Feet from E/W (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)Lease Name SRNA Well # 1Field Name wildcat

Producing Formation _____

Elevation: Ground _____ KB 1254Total Depth 3135 PSTD _____Amount of Surface Pipe Set and Cemented at 324 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.

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. _____

Conservation Division Quarterm 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 Dorothy L. GoldersteinTitle Agent Date 6/30/92Subscribed and sworn to before me this 30 day of June, 1992.Notary Public Brenda Maier

Date Commission Expires _____

BRENDA MAIER
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 12-14-95

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 Franklin D. GainesLease Name SRNAWell # 1Sec. 24 Twp. 7 Rge. 11☒ EastCounty Pottowatomie☐ West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests. If 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.)
☐ Yes ☒ No

Samples Sent to Geological Survey

☒ Yes ☐ No

Cores Taken

☐ Yes ☒ No
 Electric Log Run
 (Submit Copy.)
☒ Yes ☐ No

List All E.Logs Run:

☐ Log

Formation (Top), Depth and Datum

☒ Sample

Name

Top

Datum

see attached geological report

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
surface	12 $\frac{1}{4}$	8-5/8		324	Class A	195	3% cc

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 TB				
<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)	Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run
				<input type="checkbox"/> Yes <input 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	Grav

Disposition of Gas:

METHOD OF COMPLETION

Production Interval

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

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled
☐ Other (S-