

STATE CORPORATION COMMISSION OF KANSAS
 DEC 10 1987 CONSERVATION DIVISION
 WELL COMPLETION OR RECOMPLETION FORM
 FROM CONFIDENTIAL WELL HISTORY
 DESCRIPTION OF WELL AND LEASE

Operator: License # 4891
Name SIMCO Exploration Company
Address P.O. Box 1515
City/State/Zip Chevenne, WY 82003

Purchaser.....None.....

Operator Contact Person Ted Simola
Phone 307-632-6468

Instructor: License # 5825
Name Glacier Drilling Company Inc.

Wellsite Geologist.....Daniel T. Johnson.....
Phone.....316-221-0428.....

Designate Type of Completion

x New Well Re-Entry Workover

☐ Oil	☐ SWD	☐ Temp Abd
☐ Gas	☐ Inj	☐ Delayed Comp
☒ Dry	☐ Other (Core, Water Supply etc.	

If OWWO: old well info as follows:

Operator
Well Name
Comp. DateOld Total Depth.....

WELL HISTORY

Drilling Method:

X Mud Rotary Air Rotary Cable

7-5-86.....	9-7-86.....	9-7-86.....
Spud Date	Date Reached TD	Completion Date

1500'.....	..1500'.....
Stat Depth	PBTD

Amount of Surface Pipe Set and Cemented at.....feet ⁴⁸
Multiple Stage Cementing Collar Used? Yes ^X No

If yes, show depth set.....feet

If alternate 2 completion, cement circulated
from.....⁴⁸.....feet depth to.....²⁵.....surf.....SX cmt
Cement Company Name Sun Cementing
Invoice #¹⁵⁸⁴.....

API NO. 15-.....103-20.712.....
County..Leavenworth.....
.....SE.....NW.....SE.....Sec. 23.....Twp. 8S.....Rge. 21.....^X East
.....West

..1650..... Ft North from Southeast Corner of Section
 ..1650..... Ft West from Southeast Corner of Section
 (Note: Locate well in section plat below)

Lease Name...H...Massman.....Well #...1.....

Field Name.....Leavenworth West

Producing Formation.....

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Elevation: Ground.....KB.....
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Section Plot

5280
4950
4620
4290
3960
3630
3300
2970
2640
2310
1980
1650
1320
990
660
330

2800
2640
2310
1980
1650
1320
990
660
330
0

SURVEY

WATER SUPPLY INFORMATION

Disposition of Produced Water: _____ Disposal
Docket # Repressuring

Questions on this portion of the ACO-1 call:

Water Resources Board (913) 296-3717

Source of Water:

Division of Water Resources Permit #...NA.....

Groundwater.....Ft North from Southeast Corner
(Well)Ft West from Southeast Corner of
Sec Twp Rge East West

Surface Water.....Ft North from Southeast Corner
(Stream,pond etc).....Ft West from Southeast Corner
Sec 23 Twp 8 Rge. 21 East West

X Other (explain) Purchased from landowner...
(purchased from city, R.W.D. #)

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 slide 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 drillers time log shall be attached with this form. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

SIDE TWO

Operator Name SIMCO Exploration Company Lease Name H. Massman Well # 1

Sec. 23 Twp. 8S Rge. 21 ☒ East ☐ West County Leavenworth

WELL LOG

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
 Samples Sent to Geological Survey ☐ Yes ☒ No
 Cores Taken ☐ Yes ☒ No

Formation Description
☒ Log ☐ Sample

Name	Top	Bottom
Lansing	352	
Cherokee	920	
Coal Marker	1284	
Upper McLouth	1394	
Miss. St. Louis	1458	
Spergen	1464	
Total Depth	1500	

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 Casing	9-3/4"	7"		48'	60-40 nos.	25	2% Gell

PERFORATION RECORD

Shots Per Foot	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	☐ Yes ☐ No
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Date of First Production _____ Producing Method _____
☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (explain).....