

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

Operator: License # 5184
Name: Shields Oil Producers, Inc.
Address Shields Bldg.

City/State/Zip Russell, KS 67665
Purchaser: None
Operator Contact Person: M. L. Ratts
Phone (913) 483-3141
Contractor: Name: Shields Drlg. Co.
License: 5184
Wellsite Geologist: Francis Whisler

Designate Type of Completion

☒ New Well ☐ Re-Entry ☐ Workover
☐ Oil ☐ SWD ☐ SLOW ☐ Temp. Abd.
☐ Gas ☐ ENHR ☐ SIGW
☒ Dry ☐ Other (Core, WSW, 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 ☐ PBDT
☐ Commingled ☐ Docket No. _____
☐ Dual Completion ☐ Docket No. _____
☐ Other (SWD or Inj?) ☐ Docket No. _____
5-3-93 5-8-93 5-8-93
Spud Date Date Reached TD Completion Date

API NO. 15- 141-20,277County OsborneSW - NW - NE - 9 Sec. 9 Twp. 10 Rge. 12 X W990 Feet from S (circle one) Line of Section2310 Feet from E/W (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:
(NE) SE, NW or SW (circle one)Lease Name Becker Well # 1Field Name Sigle WestProducing Formation NoneElevation: Ground 1785 KB 1790Total Depth 3084 PBDT NoneAmount of Surface Pipe Set and Cemented at 217 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 6-7-93
(Data must be collected from the Reserve Pit)Chloride content 69,000 ppm Fluid volume 350 bblsDewatering method used Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter 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 M. L. Ratts
Title Production Supt Date 5-25-93
Subscribed and sworn to before me this 25th day of May
19 93.
Notary Public Ruth Phillips
Date Commission Expires _____



| K.C.C. OFFICE USE ONLY | |
|------------------------------|------------------------------------|
| F | Letter of Confidentiality Attached |
| C | Wireline Log Received |
| C | Geologist Report Received |
| STATE CORPORATION COMMISSION | |
| KCC | plug |
| MAY 27 1993 | |
| CONSERVATION DIVISION | |
| Wichita, Kansas | |
| Form ACO-1 (7-91) | |

Operator Name Shields Oil Producers, Inc. Lease Name Becker Well # 1

Sec. 9 Twp. 10 Rge. 12

☐ East
☒ West

County Osborne

69990

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem to 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 (Attach Additional Sheets.) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Log | Formation (Top), Depth and Datum | <input checked="" type="checkbox"/> Sample |
| Samples Sent to Geological Survey | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Name | Top | Datum |
| Cores Taken | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Anhydrite | 853 | + 937 |
| Electric Log Run (Submit Copy.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Topeka Lm | 2727 | - 937 |
| | | Heebner Sh | 2963 | -1173 |
| | | Toronto Lm | 2986 | -1196 |
| | | L-KC | 3018 | -1228 |

List All E.Logs Run:

D.S.T. #1 3060-3084 Times: 30-45-30-45 Rec.
10' Mud I.H.P. - 1660; I.F.P. - 32-32; I.S.I.P. -
996; F.F.P. - 32-32; F.S.I.P. - 988; F.H.P. -
1649

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 1/4 | 8 5/8 | 20 | 217 | Quickset | 160 | |
| | | | | | | | |
| | | | | | | | |

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 | | | | |
| <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 | Yield |

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