

22-10-154  
COPY

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

Operator: License # 6600

Name: Don Karst Well Service, Inc.

Address P.O. Box 1316

Hays, KS 67601

City/State/Zip \_\_\_\_\_

Purchaser: N/A

Operator Contact Person: Don Karst

Phone (913) 628-1125

Contractor: Name: \_\_\_\_\_

License: \_\_\_\_\_

Wellsite Geologist: n/a

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: Don Karst Well Service, Inc.

Well Name: Koelling #4

Comp. Date 9-25-90 Old Total Depth 3475

Deepening  Re-perf.  Conv. to Inj/SWD

Plug Back \_\_\_\_\_ PSTD

Commingled \_\_\_\_\_ Docket No. \_\_\_\_\_

Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_

Other (SWD or Inj?) \_\_\_\_\_ Docket No. \_\_\_\_\_

Spud Date \_\_\_\_\_ Date Reached TD \_\_\_\_\_ Completion Date 12-29-93

API NO. 15- 141-20,253-0001

County Osborne

NE - SW Sec. 22 Twp. 10 Rge. 15  E  W

2040 Feet from  N (circle one) Line of Section

2750 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 Koelling Well # Four (4) SWD

Field Name Ruggles

Injection Arbuckle

Producing Formation \_\_\_\_\_

Elevation: Ground 1783 KB 1788

Total Depth 3475 PSTD n/a

Amount of Surface Pipe Set and Cemented at 685' Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from \_\_\_\_\_

feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sz cnt.

Drilling Fluid Management Plan REWORK 9/9 6-9-94  
(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. \_\_\_\_\_

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 Donald Karst

Title President Date 1-13-94

Subscribed and sworn to before me this 13th day of January, 1994.

Notary Public Alison Payton

Date Commission Expires May 2, 1995

Alison Payton  
Notary Public  
State of Kansas

K.C.C. OFFICE USE ONLY  
F  Letter of Confidentiality Attached  
C  Wireline Log Received  
C  Geologist Report Received  
Distribution  
 KCC  
 KGS  
SWD/Rep \_\_\_\_\_  
Plug \_\_\_\_\_  
RECEIVED  
STATE CORPORATION COMMISSION  
JAN 24 1994  
CONSERVATION DIVISION  
Wichita, Kansas

Operator Name Don Karst Well Service, Inc. Lease Name Koelling Well # 4 SWD

Sec. 22 Twp. 10s Rge. 15  East  West County Osborne

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem test... 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite	952	+836
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Base Anhydrite	986	+802
List All E.Logs Run:		Topeka	2664	-876
		Heebner	2905	-1117
		Toronto	2928	-1140
		Lansing/KC	2957	-1169
		Base KC	3223	-1435
		Conglomerate	3320	-1532
		Arbuckle	3357	-1569
		R.T.D.	3473	-1685

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	12-1/4	8-5/8	20#	685	60/40 poz	300	3%cc, 2% gel
Production	7-7/8	5-1/2	14#	3469	60/40 poz	225	10% salt, 5% gi

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate	2695-2698			
<input type="checkbox"/> Protect Casing	3005-3009	60/40 poz	250	
<input type="checkbox"/> Plug Back TD				
<input checked="" 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
4 HPF	3425-3430			

<b>TUBING RECORD</b>	Size <u>2-3/8"</u>	Set At <u>3394.55'</u>	Packer At <u>3394.55'</u>	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
	none--injection well			

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 Injection 3425-3430'