

COPY 3502

2nd

SIDE ONE

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

Operator: License # 5537Name: Kenny Brown EnterprisesAddress 401 N. Washington, P.O. Drawer 340City/State/Zip Plainville, KS 67663

Purchaser: _____

Operator Contact Person: Kenny BrownPhone (913) -434-7236Contractor: Name: Emphasis Oil OperationsLicense: 8241Wellsite Geologist: Ron Nelson

Designate Type of Completion

_____ New Well X Re-Entry _____ Workover_____ Oil X SWD _____ Temp. Abd._____ Gas _____ Inj _____ Delayed Comp._____ Dry _____ Other (Core, Water Supply, etc.)If ~~OWMO~~ old well info as follows:

Operator: _____

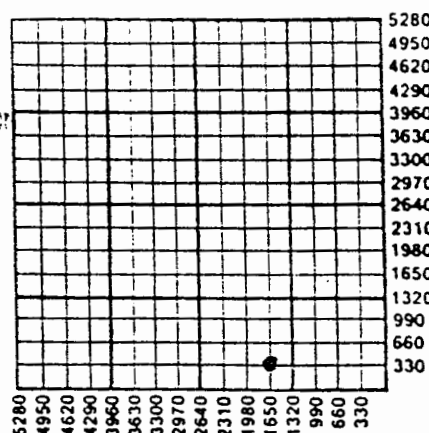
Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

X Mud Rotary _____ Air Rotary _____ CableSpud Date 8/26/90 Date Reached TD 9/2/90 Completion Date 9-7-90

Spud Date _____ Date Reached TD _____ Completion Date _____

API NO. 15- 163-23,018-ACounty RooksSE SW SE Sec. 8 Twp. 10S Rge. 16 X East West330 Ft. North from Southeast Corner of Section1650 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)Lease Name K. Brown SWD Well # 5Field Name CongarProducing Formation noneElevation: Ground 1930' KB 1935'Total Depth 3700' PBTD none

A/D ALV

Previously se
Amount of Surface Pipe Set and Cemented at 269 FeetMultiple Stage Cementing Collar Used? _____ Yes X No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 3700'feet depth to surface w/ 500 sx cmt.

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 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 Kenneth P. BrownTitle Owner-Operator Date 9-12-90Subscribed and sworn to before me this 13th day of September, 1990.Notary Public Barbara West

Date Commission Expires _____



K.C.C. OFFICE USE ONLY

F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Drillers Timelog Received

Distribution

✓ KCC _____ SWD/Rep _____ NGPA
_____ KGS _____ Plug ✓ Other (Specify)

Form ACO-1 (7-89)

SIDE TWO

Operator Name Kenny Brown Enterprises Lease Name K. Brown SWD Well # 5
Sec. 8 Twp. 10S Rge. 16 ☐ East ☒ West County Rooks

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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Formation Description
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log <input checked="" type="checkbox"/> Sample
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Name	Top Bottom
	Anhydrite	1115' = 815'
	Base Anhydrite	1151' + 784'
	Topeka	2827' - 892'
	Reebnor	3060' - 1125'
	Toronto	3081' - 1146'
	LMC	3103' - 1168'
	BKC	3352' - 1422'
	Arbuckle	3462' - 1527'
	T.D.	3700' - 1771'

CASING RECORD <input 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-pre	set	8 5/8"	24#	269'	60/40	175	2% gel 3% cc
					50/50 pos	150	2% gel, 10% salt
Production		5 1/2"		3516'	Econo-lite	350	1/4# Floccul per sh

PERFORATION RECORD		Acid, Fracture, Shot, Cement Squeeze Record	
Shots Per Foot	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2 7/8"	3449'	3451'	

Date of First Production	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input type="checkbox"/> Perforation <input type="checkbox"/> Dually Completed <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval _____
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