

COPY

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

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Form ACO-1  
September 1999  
Form Must Be Typed

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

CONSERVATION DIVISION  
WICHITA, KS

Operator: License # 33306B  
Name: BLAKE EXPLORATION  
Address: BOX 150  
City/State/Zip: BOGUE KANSAS 67625  
Purchaser: \_\_\_\_\_  
Operator Contact Person: MIKE DAVIGNON  
Phone: ( 785 ) 421-2921  
Contractor: Name: Murfin Drig.  
License: 30606  
Wellsite Geologist: MIKE DAVIGNON

## 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: \_\_\_\_\_  
Well Name: \_\_\_\_\_  
Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_  
\_\_\_\_ Deepening \_\_\_\_ Re-perf. \_\_\_\_ Conv. to Enhr/SWD  
\_\_\_\_ Plug Back \_\_\_\_ Plug Back Total Depth  
\_\_\_\_ Commingled \_\_\_\_ Docket No. \_\_\_\_\_  
\_\_\_\_ Dual Completion \_\_\_\_ Docket No. \_\_\_\_\_  
\_\_\_\_ Other (SWD or Enhr.?) \_\_\_\_ Docket No. \_\_\_\_\_

11/10/05	11/16/05	12/30/05
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 163234330000  
County: ROOKS  
\_\_\_\_ C \_\_\_\_ SW \_\_\_\_ Sec. 36 Twp. 10S S. R. 20 ☐ East ☒ West  
700 feet from (S) / N (circle one) Line of Section  
800 feet from E / (W) (circle one) Line of Section

Footages Calculated from: Nearest Outside Section Corner:

(circle one) NE SE NW SW  
Lease Name: D. KELLER Well #: 1

Field Name: \_\_\_\_\_

Producing Formation: LKC ARBUCKLEElevation: Ground: 2094 Kelly Bushing: 2099Total Depth: 3687 Plug Back Total Depth: \_\_\_\_\_Amount of Surface Pipe Set and Cemented at 220 FeetMultiple Stage Cementing Collar Used? ☐ Yes ☒ No

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

If Alternate II completion, cement circulated from SURFACEfeet depth to 1667 w/ 225' 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.: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West

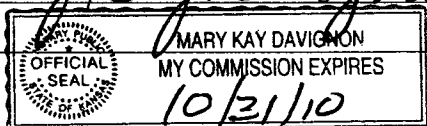
County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, 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 of 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: Mary Kay DavignonTitle: V.P. Date: 8/9/07Subscribed and sworn to before me this 9 day of August20 07Notary Public: Mary Kay Davignon

Date Commission Expires: \_\_\_\_\_



## KCC Office Use ONLY

N Letter of Confidentiality Received

☒ If Denied, Yes ☐ Date: \_\_\_\_\_

☒ Wireline Log Received

\_\_\_\_ Geologist Report Received

\_\_\_\_ UIC Distribution

Operator Name: BLAKE EXPLORATION Lease Name: H-K Well #: 2  
 Sec. 36 Twp. 10S S. R. 20 ☐ East ☒ West County: ROOKS

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken ☒ Yes ☐ No  
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☒ Yes ☐ No  
 (Submit Copy)

List All E. Logs Run:

**R/A GUARD, MICRO, SONIC, BY LOG-TECH**

☒ Log Formation (Top), Depth and Datum ☐ Sample

Name	Top	Datum
ANHYDRITE	1514	
HEEBNER	3331	
LANSING	3367	
ARBUCKLE	3680	

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KANSAS CORPORATION COMMISSION  
AUG 13 2007  
OIL FIELD DIVISION

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"	24#	212'	COM	150	
PRODUCTION	8 7/8"	5 1/2"	14#	3679'	ASC	175	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	SURFACE TO 1677	60/40 POZ	225	1/4# FLO-SEAL

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
OPEN HOLE	3675 TO 3683		
4 SPF	3565 TO 3569, 3405 TO 3409	500G 20%, 750G 28%	

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		2 7/8"	3650				
Date of First, Resumed Production, SWD or Enhr.			Producing Method				
1/3/06			<input type="checkbox"/> Flowing <input checked="" 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	Gravity		
	165		20		22		

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 (Specify) \_\_\_\_\_