

12-10-21w COPY 15-005-30143-0001 Drilled 9-6-65

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

API NO. 15- Drilled 9-6-65

County Graham

SW-SE-SW Sec. 12 Twp. 10 Rge. 21 W

330' Feet from S (circle one) Line of Section

1650' Feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or S (circle one)

Lease Name Bass Well # 8

Field Name Morland

Producing Formation Lansing/KC

Elevation: Ground 2276' KB _____

Total Depth 3836' PBDT 3758'

Amount of Surface Pipe Set and Cemented at 174 Feet

Multiple Stage Cementing Collar Used? X Yes _____ No

If yes, show depth set 1773 to surface Feet

If Alternate II completion, cement circulated from _____

feet depth to 1773 to surf / 150sx sx cmt.

Drilling Fluid Management Plan REWORK 97 4-6-95
(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. _____

Operator: License # 5783

Name: Galloway Drilling Co., Inc.

Address 105 S Broadway Suite 340

City/State/Zip Wichita, Ks 67202

Purchaser: Texaco Trading & Trans., Inc.

Operator Contact Person: Jay Galloway

Phone (316) 263-1793

Contractor: Name: Murfin Drilling Co. Inc.

License: _____

Wellsite Geologist: None

Designate Type of Completion

____ New Well ____ Re-Entry X Workover

X Oil ____ SWD ____ SLOW ____ Temp. Abd.

____ Gas ____ ENHR ____ SIGW

____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: Galloway Drilling Co. Inc.

Well Name: Bass #8

Comp. Date 10-25-94 Old Total Depth 3836'

____ Deepening X Re-perf. ____ Conv. to Inj/SWD

X Plug Back 3758' PBDT

____ Commingled ____ Docket No. _____

____ Dual Completion ____ Docket No. _____

____ Other (SWD or Inj?) ____ Docket No. _____

10-17-94 10-25-94 10-25-94

Spud Date OF START Date Reached TD Completion Date OF WORKOVER

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.
Sections 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 [Signature]

Title President Date 4-3-95

Subscribed and sworn to before me this 3rd day of April,
1995.

Notary Public Patti E. Caruthers

Date Commission Expires 5-17-97
KANSAS CORPORATION COMMISSION

K.C.C. OFFICE USE ONLY
F ____ Letter of Confidentiality Attached
C ____ Wireline Log Received
C ____ Geologist Report Received
Distribution
X KCC ____ SWD/Rep
X KGS ____ Plug X NGPA
____ Other (Specify)

RECEIVED
KANSAS CORPORATION COMMISSION

APR 03 1995

PATTI E. CARUTHERS
Notary Public - State of Kansas
My Appt. Expires 5-17-97

APR 06 1995

Form ACO-1 (7-91)

Operator Name Galloway Drilling Co Inc. Lease Name Bass Well # 8

Sec. 12 Twp. 10 Rge. 21 East West County GRAHAM

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 Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run (Submit Copy.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No List All E.Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample <table border="1" style="width:100%"> <thead> <tr> <th>Name</th> <th>Top</th> <th>Datum</th> </tr> </thead> <tbody> <tr> <td>Lansing/KC</td> <td>3528</td> <td>-1247</td> </tr> <tr> <td>Arbuckle</td> <td>3805</td> <td>-1524</td> </tr> </tbody> </table>	Name	Top	Datum	Lansing/KC	3528	-1247	Arbuckle	3805	-1524
Name	Top	Datum								
Lansing/KC	3528	-1247								
Arbuckle	3805	-1524								

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
				174			

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
2	3718-3721	1500 Gal. 15% NE Acid	
2	3700-3704	1500 Gal. 15% NE Acid	

TUBING RECORD		Size <u>2 7/8</u>	Set At	Packer At <u>NA</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SMD or Inj. <u>10/25/94</u>		Producing Method <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. <u>40</u>	Gas Mcf	Water Bbls. <u>40</u>	Gas-Oil Ratio	Gravity

Disposition of Gas: NA METHOD OF COMPLETION Production Interval 3718-3721
3700-3704

Vented Sold Used on Lease (if vented, submit ACD-18.) Open Hole Perf. Dually Comp. Commingled Other (Specify) _____