

16-10-22W

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION OR RECOMPLETION FORM
ACO-1 WELL HISTORY

DESCRIPTION OF WELL AND LEASE

Operator: License # 5252
Name .. R. P. NIXON OPERATIONS
Address 207 W 12TH
City/State/Zip HAYS KS 67601

Operator Contact Person DAN NIXON
Phone 913-628-3834

Contractor: License # 5128
Name JAY-LAN CORPORATION

Wellsite Geologist DAN NIXON
Phone 913-628-3834

PURCHASER.....

Designate Type of Completion
 New Well Re-Entry Workover
 OIT SWD Temp Abd
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply etc.)

If OWWO: old well info as follows:
Operator
Well Name
Comp. Date Old Total Depth.....

WELL HISTORY

Drilling Method:
 Mud Rotary Air Rotary Cable
.....2-15-862-24-862-24-86.....
Spud Date Date Reached TD Completion Date
4100'
Total Depth PBD

Amount of Surface Pipe Set and Cemented at 204 feet

Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set.....feet

If alternate 2 completion, cement circulated
from 204 feet depth to surf 130 SX cmt

API NO. 15-065-22,296

County GRAHAM

NE SE SW Sec 16 Twp 10 Rge 22 East West

990 Ft North from Southeast Corner of Section
2970 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

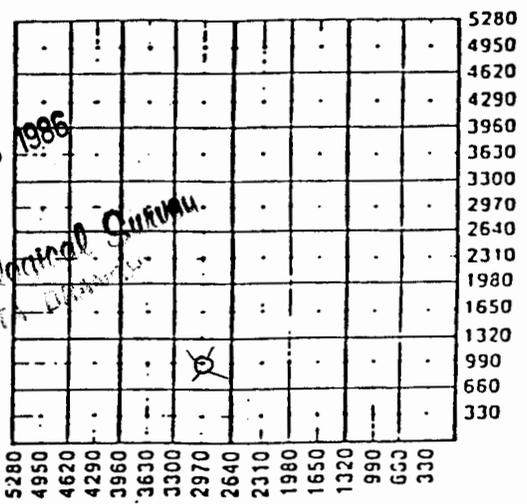
Lease Name GRIFFITH Well # 1

Field Name.....

Producing Formation.....

Elevation: Ground 2352 KB 2359

Section Plat



WATER SUPPLY INFORMATION

Source of Water:
Division of Water Resources Permit #

Groundwater.....Ft North from Southeast Corner
(Well)Ft West from Southeast Corner of
Sec Twp Rge East West

Surface Water.....Ft North from Southeast Corner
(Stream, pond etc).....Ft West from Southeast Corner
Sec Twp Rge East West

Other (explain)
(purchased from city, R.W.D. #)

Disposition of Produced Water: Disposal Repressuring

Docket #

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rule 82-3-130 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested.

WSS-01-21

SIDE TWO

75730

Operator Name R. P. NIXON OPER. Lease Name GRIFFITH Well # 1 SEC. 16. Twp. 10. RGE. 22. East West

WELL LOG

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 of gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
Samples Sent to Geological Survey Yes No
Cores Taken Yes No

Formation Description
 Log Sample

DST #1

3796'-3837' J ZONE
Recovery: 15' of mud
IFP: 43-43
ISIP: 716
FFP: 76-76
FSIP: 683

Name	Top	Bottom
TOPEKA	3364'	
HEEBNER	3578'	
TORONTO	3603'	
LANSING	3620'	(-1261')
BASE OF KC	3840'	
MARMATON	3926'	
CONGLOMERATE	3992'	--
ARBUCKLE	4050'	--
RTD	4100'	--
LTD	4098'	--

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"	28#	204'	60/40 PQ2	130	3% c.c. 2% gel

PERFORATION RECORD

Shots Per Foot	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 Yes No