

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 32322
Name: Denis F. Roberts Oil
Address: Box 1252, 3904 Fairway Dr.
City/State/Zip: Hays, KS 67601
Purchaser: Cooperative Refinery
Operator Contact Person: Denis Roberts
Phone: (785) 625-8526
Contractor: Name: Denis Roberts
License: 32322
Wellsite Geologist: _____

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: Pfeifer Well Service
Well Name: Ziegler #5

Original Comp. Date: _____ Original Total Depth: 4080

____ 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. _____

6-85 7-2-85 8-85
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - D-27834
County: Sheridan Co.

SE-NE-SE- Sec. 3 Twp. 10 S. R. 26 ☐ East ☒ West
1650 feet from S / N (circle one) Line of Section
330 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW
Lease Name: Ziegler Well #: 5

Field Name: Fuller

Producing Formation: N/A

Elevation: Ground: 2558 Kelly Bushing: 2566

Total Depth: _____ Plug Back Total Depth: 2150

Amount of Surface Pipe Set and Cemented at Set with Cast Iron N/A Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☐ No

If yes, show depth set Set Packer at 1793 Feet

If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan N/A
(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.

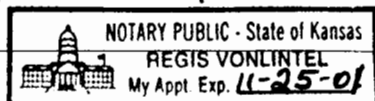
Signature: Denis F. Roberts

Title: Pres. Date: 3-8-01

Subscribed and sworn to before me this 8th day of March

2001
Notary Public: Regis Von Lintel

Date Commission Expires: _____



KCC Office Use ONLY

____ Letter of Confidentiality Attached

If Denied, Yes ☐ Date: _____

____ Wireline Log Received

____ Geologist Report Received

sem UIC Distribution

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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 <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run: <div style="text-align: center; font-size: 1.2em;">N/A</div>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <div style="display: flex; justify-content: space-between;"> Name Top Datum </div> <div style="text-align: center; font-size: 1.2em;">N/A</div>
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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	# Sacs Used	Type and Percent Additives
N/A							

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
One	1820-1970		
	Bridge Plug Set at 2150		

TUBING RECORD			Size	Set At	Packer At	Liner Run		
						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date of First, Resumerd Production, SWD or Enhr.				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	Gravity

Position of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____