

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

**ORIGINAL**

Form ACO-1  
September 1999  
Form Must Be Typed

*Handwritten mark*

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

Operator: License # 5285  
Name: THE DANE G. HANSEN TRUST  
Address: P.O. Box 187  
City/State/Zip: Logan, KS 67646  
Purchaser: \_\_\_\_\_  
Operator Contact Person: Richard L. Wallgren, Sr.  
Phone: (785) 689-4816  
Contractor: Name: Discovery Drilling Co., Inc.  
License: 31548  
Wellsite Geologist: David Goldak

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. \_\_\_\_\_

11/13/03    11/21/03    11/23/03  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 193-20,688-00-00  
County: Thomas  
S/2-S/2 S/2 Sec. 31 Twp. 10 S. R. 32W  East  West  
330 feet from (S) (circle one) Line of Section  
2640 feet from (E) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE (SE) NW SW  
Lease Name: Hecker Well #: 8  
Field Name: U-Pac

Producing Formation: \_\_\_\_\_  
Elevation: Ground: 3104 Kelly Bushing: 3112  
Total Depth: 4670 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at 322.39 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set 2589 Feet  
If Alternate II completion, cement circulated from 2589  
feet depth to Surface w/ 500 sx cmt.  
(10sks In Mouse Hole) (15sks In Rat Hole)

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit)  
Chloride content 10,000 ppm Fluid volume 320 bbls  
Dewatering method used Evaporation

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: Carol L. Bales  
Carol L. Bales  
Title: Trustee Date: 11/16/04

Subscribed and sworn to before me this 11 day of November.

2004  
Notary Public: Betty Jane Bittel  
Betty Jane Bittel  
Date Commission Expires: July 17, 2008

**KCC Office Use ONLY**

Letter of Confidentiality Attached  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

**RECEIVED**  
**NOV 18 2004**  
**KCC WICHITA**



Operator Name: THE DANE G. HANSEN TRUST Lease Name: HECKER Well #: 8  
 Sec. 31 Twp. 10 S. R. 32W  East  West County: Thomas

**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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets)  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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy)  List All E. Logs Run: <u>Radiation Guard Log</u>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum  See Attachment
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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	# Sacs Used	Type and Percent Additives
Surface Pipe	12 1/4	8 5/8	23	322.39	Common	190	2%Gel&3%CC
Production St.	7 7/8	5 1/2	14	4667	ASC	150	2%Gel
		D V Tool @		2589	Allied Lt.	500	1/4#FC/sk

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
4	4289-93; 4264-67	500 Gal. 15% HCL	
4	4289-93; 4264-67; 4241-44; 4211-13	1000 Gal. 15% HCL	
4	4211-13; 4241-44; 4264-67; 4289-93	2000 Ga. 15% HCL	

TUBING RECORD	Size <u>2 7/8"</u>	Set At <u>4580'</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. <u>5/3/04</u>	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls. <u>26</u>	Gas Mcf	Water Bbls. <u>11</u>	Gas-Oil Ratio	Gravity <u>39</u>
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Disposition of Gas  Vented  Sold  Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION  Open Hole  Perf.  Dually Comp.  Commingled

Production Interval  Other (Specify) \_\_\_\_\_