

COPY

SIDE ONE

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

Operator: License # 3345

Name: Leroy E. Tobias

Address HC 69 Box 42

City/State/Zip Bunker Hill, KS 67606

Purchaser: None

Operator Contact Person: Leroy E. Tobias

Phone (913) 483-4565

Contractor: Name: Shields Drlg., Co., Inc

License: 5655

Wellsite Geologist: Francis Whisler

Designate Type of Completion

☒ New Well ☐ Re-Entry ☐ Workover

☐ Oil ☐ SWD ☐ Temp. Abd.

☐ Gas ☐ Inj ☐ Delayed Comp.

☒ Dry ☐ Other (Core, Water Supply, etc.)

If OMAO: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

☒ Mud Rotary ☐ Air Rotary ☐ Cable

4-3-90 4-9-90 4-9-90

Spud Date Date Reached TD Completion Date

API NO. 15- 167-22,895

County Russell

NW NE NE Sec. 4 Twp. 11 Rge. 12 ☒ East ☒ West

4950 Ft. North from Southeast Corner of Section

990 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

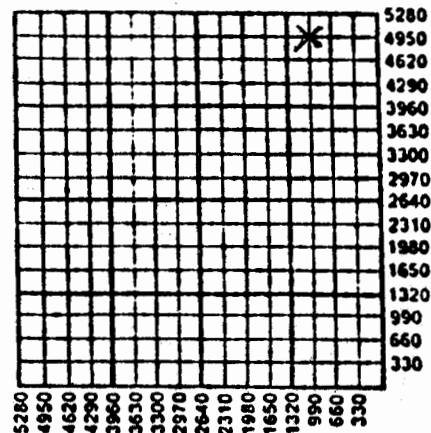
Lease Name Diers Well # 1

Field Name Wildcat

Producing Formation None

Elevation: Ground 1670 KB 1675

Total Depth 3270 PBTD _____



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 II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 Leroy E. Tobias

Title owner Date 4-13-90

Subscribed and sworn to before me this 13th day of April, 19 90.

Notary Public Ruth Phillips

Date Commission Expires _____



K.C.C. OFFICE USE ONLY

F ☐ Letter of Confidentiality Attached
C ☐ Wireline Log Received
C ☐ Drillers Timelog Received

Distribution

☒ KCC ☐ SWD/Rep ☐ NGPA
☒ KGS ☐ Plug ☒ Other
(Specify)

Form ACO-1 (7-89)

SIDE TWO

Operator Name Leroy E. Tobias Lease Name Diers Well # 1
Sec. 4 Twp. 11 Rge. 12 ☐ East County Russell
☒ West

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 checked="" type="checkbox"/> Yes	<input 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

Formation Description

☐ Log ☒ Sample

Name	Top	Bottom
Anhydrite	711	742
Topeka Lm	2645	2891
Heebner Sh	2891	2895
Toronto Lm	2914	2920
L-KC Lm	2948	3259

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	20	204	Quickset	140	

PERFORATION RECORD

Shots Per Foot | Specify Footage of Each Interval Perforated

Acid, Fracture, Shot, Cement Squeeze Record
(Amount and Kind of Material Used) Depth

[illegible]

TUBING RECORD

Size	Set At	Packer At
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Liner Run ☐ Yes ☐ No

Date of First Production	Producing Method	<input type="checkbox"/> Flowing	<input type="checkbox"/> Pumping	<input type="checkbox"/> Gas Lift	<input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas:

METHOD OF COMPLETION

Production Interval

☐ Vented ☐ Sold ☐ Used on Lease
(If vented, submit ACO-18.)

☐ Open Hole ☐ Perforation ☐ Dually Completed ☐ Commingled

☐ Other (Specify) _____