

PI 9-11-16 W

SIDE ONE

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 # KCC 4525  
Name A. Francis Vonfeldt  
Address 505 Colorado Str.  
Plainville Ks. 67663  
City/State/Zip

Purchaser

Operator Contact Person A. Francis Vonfeldt  
Phone 913-434-2408

Contractor: License # 4083  
Name Western Ks. Drilling

Wellsite Geologist Eric Waddell  
Phone 913-885-4497

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

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

WELL HISTORY

Drilling Method:  
 Mud Rotary  Air Rotary  Cable  
9/4/85 9/9/85 9/9/85  
Spud Date Date Reached TD Completion Date  
3484 2444  
Total Depth PBDT

Amount of Surface Pipe Set and Cemented at 208 feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set ..... feet  
If alternate 2 completion, cement circulated  
from ..... feet depth to ..... w/ ..... SX cmt  
Cement Company Name  
Invoice #

API NO. 15-15-051-24,311  
County Ellis  
NE 4950 NW 4290 Sec. 9 Twp. 11 Rge. 16 East  
 West  
Ft North from Southeast Corner of Section  
Ft West from Southeast Corner of Section  
(Note: Locate well in section plat below)  
Lease Name Roberta Craig Well # 1  
Field Name  
Producing Formation Lancing/Kansas City  
Elevation: Ground 1834 KB 1839  
Section Plat

OCT 11 1985  
State Geological Survey  
WICHITA BRANCH

WATER SUPPLY INFORMATION

Disposition of Produced Water:  Disposal  
Docket # .....  Repressuring

Questions on this portion of the ACO-1 call:  
Water Resources Board (913) 296-3717  
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) Hauled from pond  
(purchased from city, R.W.D. #)

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 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. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

PI

Operator Name A. Francis VonFeldt Lease Name Roberta Craig Well # 1

Sec. 9 Twp. 11 Rge. 16  East  West County Ellis

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 if 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

Name	Top	Bottom
Topeka LMS.	2767	3007
TORONTO LMS.	3028	3047
LANSING KANSAS CITY	3047	3293
MARMATON	3298	3362
CONGLOMERATE	3362	3424
SIMPSON DOL.	3424	3438

State Geological Survey  
 WICHITA BRANCH

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	#Sacks Used	Type and Percent Additives
Surface	12 #	8 5/8	20 lb	208	60/40 poz	140	2% gel 3% cc
.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....

PERFORATION RECORD		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	
Shots Per Foot	Specify Footage of Each Interval Perforated		Depth
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

TUBING RECORD	Size	Set At	Packer at	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
.....	.....	.....	.....	.....

Date of First Production \_\_\_\_\_ Producing Method  Flowing  Pumping  Gas Lift  Other (explain).....