

5-11-18W COPY

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

API NO. 15- 051-22537-00-01

Operator: License # 5537

Name: Kenny Brown Enterprises

Address T.O. Drawer 340
400 North Washington

City/State/Zip Platville, Ks 67663

Purchaser: _____

Operator Contact Person: Viola E Brown

Phone (913) 434-7236

Contractor: Name: Randy's Well Service

License: 31287

Wellsite Geologist: _____

Designate Type of Completion

New Well Re-Entry Workover

Oil SUD SIOW Temp. Abd.
 Gas ENHR SIGV
 Dry Other (Core, WSU, Expl., Cathodic, etc.)

If Workover/Re-Entry: old well info as follows:

Operator: Kenneth Brown d/b/a Kenny Brown

Well Name: Saline ^{River} Grazing Asso. Enterprises

Comp. Date 8-3-91 Old Total Depth 3580

Deepening Re-perf. Conv. to Inj/SUB
 Plug Back 1241' PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SUD or Inj?) Docket No. _____

3-16-95 3-22-95 3-27-95

Spud Date OF REENTRY Date Reached TD: _____ Completion Date: _____

County Ellis
100'S: SE SE NW Sec. 5 Twp. 11 Rgs. 18

2870 Feet from SE (circle one) Line of Section

2970 Feet from SW (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Saline River Grazing Asso. # 7

Field Name Richards

Producing Formation Cedar Hill-(Water supply)

Elevation: Ground 2069' KB _____

Total Depth 1241' PBTD _____

Amount of Surface Pipe Set and Cemented at 174 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 cnt.

Drilling Fluid Management Plan REENTRY 9/4 2-27-96
(Data must be collected from the Reserve Pit)

Chloride content 16093.0 ppm Fluid volume _____ bbls

Dewatering method used vacuum truck

Location of fluid disposal if hauled offsite: _____

Operator Name Viola E Brown

Lease Name Saline River Grazing Asso. License No. 5537

SW Quarter Sec. 5 Twp. 11 S Rng. 18 E 10

County Ellis Docket No. D 20,269

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 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 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 Viola E Brown

Title operator-owner Date 3-29-95

Subscribed and sworn to before me this 28th day of March 19 95.

Notary Public Barbara West

Date Commission Expires _____

NOTARY PUBLIC - State of Kansas
BARBARA WEST
My Appt. Exp. 5-17-95

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SUD/Rep NSPA
 KCS Plug Other (Specify) JS

W 81-11-2

SIDE TUB

83704

Operator Name Kenny Brown Enterprises

Lease Name Saline River Grazing Asso. Well # #7

Sec. 5 Twp. 11 Rge. 18
 East
 West

County Ellis

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem test (vir interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static, local 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
(Attach Additional Sheets.)
Samples Sent to Geological Survey Yes No
Cores Taken Yes No
Electric Log Run Yes No
(Submit Copy.)

Log Formation (Top), Depth and Datum Sample
Name Top Datum
Cedar Hill 992'
Marked log enclosed

List All E.Logs Run:
Gamma Ray GCL Correlation Log

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		8 5/8"		174'		130	
Production		4 1/2"		3468"		175	

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	
	2	1106-1122, 1133-1152		

TUBING RECORD		Size	Set At	Packer At	Liner Run				
		2 3/8"	952'			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date of First, Resumed Production, SMD or Inj.			Producing Method						
3-27-95			<input type="checkbox"/> Flowing <input checked="" 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	Grav
							114		

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)
METHOD OF COMPLETION: Open Hole Perf. Dualy Comp. Commingled Other (Specify) Water supply well
Production Interval _____