

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 # 7875
Name ~~SECRET~~ Energy Resources Corporation
Address 4101 Birch Ste. #130
City/State/Zip Newport Beach, Ca. 92629.

Purchaser: CLEAR CREEK, INC. (316) 263-8145
818 Century Plaza Building
Wichita, Kansas 67202

Operator Contact Person .. Raymond A. Diaz ..
Phone .. 714-261-8181 ..

Contractor: License # ... 5671
Name Revlin, Drlg., Inc., Box 293
Russell, Kansas 67665
Wellsite Geologist: Bath, Fuhr
Phone: 316-263-2243

Designate Type of Completion

☒ New Hire	☐ Re-Entry	☐ Worker
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<u>X</u> Oil	— SWD	— Temp Abd
— Gas	— Inj	— Delayed Comp.
— Dry.	Other (Core, Water Supply etc.)	

ORNO: old well info as follows:

Operator

• **Full Name**

Comp. Date Old Total Depth.....

WELL HISTORY

Drilling Method:

	X Mud Rotary	Air Rotary	Cable
1. Estimated cost of drilling	1000	1000	1000
2. Estimated cost of completion	1000	1000	1000
3. Estimated cost of production	1000	1000	1000
4. Estimated cost of operation	1000	1000	1000
5. Estimated cost of maintenance	1000	1000	1000
6. Estimated cost of transportation	1000	1000	1000
7. Estimated cost of other services	1000	1000	1000
8. Estimated cost of insurance	1000	1000	1000
9. Estimated cost of taxes	1000	1000	1000
10. Estimated cost of other expenses	1000	1000	1000
11. Estimated cost of other items	1000	1000	1000
12. Estimated cost of other materials	1000	1000	1000
13. Estimated cost of other labor	1000	1000	1000
14. Estimated cost of other equipment	1000	1000	1000
15. Estimated cost of other facilities	1000	1000	1000
16. Estimated cost of other services	1000	1000	1000
17. Estimated cost of other insurance	1000	1000	1000
18. Estimated cost of other taxes	1000	1000	1000
19. Estimated cost of other expenses	1000	1000	1000
20. Estimated cost of other items	1000	1000	1000
21. Estimated cost of other materials	1000	1000	1000
22. Estimated cost of other labor	1000	1000	1000
23. Estimated cost of other equipment	1000	1000	1000
24. Estimated cost of other facilities	1000	1000	1000
25. Estimated cost of other services	1000	1000	1000
26. Estimated cost of other insurance	1000	1000	1000
27. Estimated cost of other taxes	1000	1000	1000
28. Estimated cost of other expenses	1000	1000	1000
29. Estimated cost of other items	1000	1000	1000
30. Estimated cost of other materials	1000	1000	1000
31. Estimated cost of other labor	1000	1000	1000
32. Estimated cost of other equipment	1000	1000	1000
33. Estimated cost of other facilities	1000	1000	1000
34. Estimated cost of other services	1000	1000	1000
35. Estimated cost of other insurance	1000	1000	1000
36. Estimated cost of other taxes	1000	1000	1000
37. Estimated cost of other expenses	1000	1000	1000
38. Estimated cost of other items	1000	1000	1000
39. Estimated cost of other materials	1000	1000	1000
40. Estimated cost of other labor	1000	1000	1000
41. Estimated cost of other equipment	1000	1000	1000
42. Estimated cost of other facilities	1000	1000	1000
43. Estimated cost of other services	1000	1000	1000
44. Estimated cost of other insurance	1000	1000	1000
45. Estimated cost of other taxes	1000	1000	1000
46. Estimated cost of other expenses	1000	1000	1000
47. Estimated cost of other items	1000	1000	1000
48. Estimated cost of other materials	1000	1000	1000
49. Estimated cost of other labor	1000	1000	1000
50. Estimated cost of other equipment	1000	1000	1000
51. Estimated cost of other facilities	1000	1000	1000
52. Estimated cost of other services	1000	1000	1000
53. Estimated cost of other insurance	1000	1000	1000
54. Estimated cost of other taxes	1000	1000	1000
55. Estimated cost of other expenses	1000	1000	1000
56. Estimated cost of other items	1000	1000	1000
57. Estimated cost of other materials	1000	1000	1000
58. Estimated cost of other labor	1000	1000	1000
59. Estimated cost of other equipment	1000	1000	1000
60. Estimated cost of other facilities	1000	1000	1000
61. Estimated cost of other services	1000	1000	1000
62. Estimated cost of other insurance	1000	1000	1000
63. Estimated cost of other taxes	1000	1000	1000
64. Estimated cost of other expenses	1000	1000	1000
65. Estimated cost of other items	1000	1000	1000
66. Estimated cost of other materials	1000	1000	1000
67. Estimated cost of other labor	1000	1000	1000
68. Estimated cost of other equipment	1000	1000	1000
69. Estimated cost of other facilities	1000	1000	1000
70. Estimated cost of other services	1000	1000	1000
71. Estimated cost of other insurance	1000	1000	1000
72. Estimated cost of other taxes	1000	1000	1000
73. Estimated cost of other expenses	1000	1000	1000
74. Estimated cost of other items	1000	1000	1000
75. Estimated cost of other materials	1000	1000	1000
76. Estimated cost of other labor	1000	1000	1000
77. Estimated cost of other equipment	1000	1000	1000
78. Estimated cost of other facilities	1000	1000	1000
79. Estimated cost of other services	1000	1000	1000
80. Estimated cost of other insurance	1000	1000	

..11-14-86.11-20-86. ..11-20-86...
Spud Date Date Reached TD Completion Date

.....3985.....	none.....
Total Depth	PBTD

Amount of Surface Pipe Set and Cemented at 157 feet
Multiple Stage Cementing Collar Used? Yes ☒ No

If yes, show depth set.....feet

If alternate 2 completion, cement circulated
1000' surface feet to bottom T.D. 450'

from.....feet depth to.....ft
Cement Company NameAllied Cementing
Invoice #47628

22-11-22w

APR 15 1955-21,883

County.....Trego.....

NW SE SE 22 11 22 East
..... Sec..... Twp..... Rge..... x West

..... 990 Ft North from Southeast Corner of Section
..... 990 Ft West from Southeast Corner of Section
(Note: Locate well in section plot below)

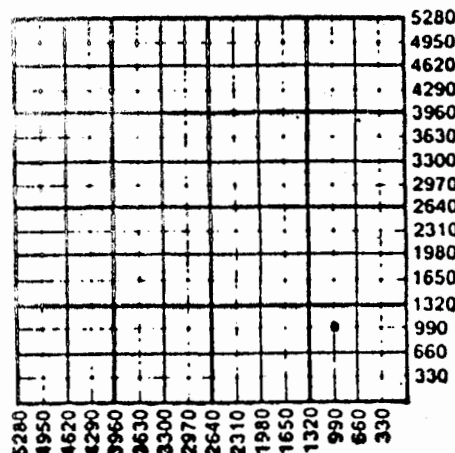
.....Shubert.....1

Field Name.....Gagelman - South.....

Producing Formation.....Marmaton

Elevation: Ground.....2271.....KB.....2276.....

Section Plot



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:

Groundwater.....Ft North from Southeast Corner
(Well)Ft West from Southeast Corner of
Sec Typ Rge East West

Surface Water.....Ft North from Southeast Corner
(Stream, pond etc).....Ft West from Southeast Corner

Sec	Typ	Rio	East	West
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
10	10	10	10	10
11	11	11	11	11
12	12	12	12	12
13	13	13	13	13
14	14	14	14	14
15	15	15	15	15
16	16	16	16	16
17	17	17	17	17
18	18	18	18	18
19	19	19	19	19
20	20	20	20	20
21	21	21	21	21
22	22	22	22	22
23	23	23	23	23
24	24	24	24	24
25	25	25	25	25
26	26	26	26	26
27	27	27	27	27
28	28	28	28	28
29	29	29	29	29
30	30	30	30	30
31	31	31	31	31
32	32	32	32	32
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34	34	34	34	34
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38	38	38	38	38
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41	41	41	41	41
42	42	42	42	42
43	43	43	43	43
44	44	44	44	44
45	45	45	45	45
46	46	46	46	46
47	47	47	47	47
48	48	48	48	48
49	49	49	49	49
50	50	50	50	50
51	51	51	51	51
52	52	52	52	52
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58	58	58	58	58
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60	60	60	60	60
61	61	61	61	61
62	62	62	62	62
63	63	63	63	63
64	64	64	64	64
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67	67	67	67	67
68	68	68	68	68
69	69	69	69	69
70	70	70	70	70
71	71	71	71	71
72	72	72	72	72
73	73	73	73	73
74	74	74	74	74
75	75	75	75	75
76	76	76	76	76
77	77	77	77	77
78	78	78	78	78
79	79	79	79	79
80	80	80	80	80
81	81	81	81	81
82	82	82	82	82
83	83	83	83	83
84	84	84	84	84
85	85	85	85	85
86	86	86	86	86
87				

x Other (explain). farmers pond less than .15' acre
(purchased from city, R.W.D. #)

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 100 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. Submit OP-4 form with all plugged wells. Submit OP-111 form with all temporarily abandoned wells.