

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 6009
Name: DOUBLE EAGLE EXPLORATION, INC.
Address: 221 S. BROADWAY, SUITE 310
City/State/Zip: WICHITA, KANSAS 67202
Purchaser: _____
Operator Contact Person: JIM ROBINSON
Phone: (316) 264-0422
Contractor: Name: L. D. Drilling, Inc.
License: 6039
Wellsite Geologist: Jim Musgrove

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. _____

4-13-01 4-19-01 4-19-01

Spud Date or
Recompletion Date Date Reached TD Completion Date or
Recompletion Date

API No. 15 - 167-23193-0000

County: RUSSELL

SW NWSW Sec. 36 Twp. 13 S. R. 12 ☐ East ☒ West

1650 feet from S / N (circle one) Line of Section

330 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: THIELEN Well #: 1

Field Name: Garrett South

Producing Formation: _____

Elevation: Ground: 1779' Kelly Bushing: 1784'

Total Depth: 3205 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 373' 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.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

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: Jim Robinson

Title: Agent Date: 12-20-01

Subscribed and sworn to before me this 20th day of December

Notary Public: [Signature]

Date Commission Expires: 6-29-2003

KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes ☐ Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

Operator Name: DOUBLE EAGLE EXPLORATION, INC. Lease Name: THIELAN Well #: 1
 Sec. 36 Twp. 13 S. R. 12 ☐ East ☒ West County: RUSSELL

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 (Attach Additional Sheets)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite	666 +119
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Tarkio Sand(3rd)	2339 -554
List All E. Logs Run:		Topeka	2547 -762
Log Tech; Radition Guard Log		Heebner	2818 -1033
		Toronto	2836 -1051
		Douglas	2854 -1069
		Lansing	2900 -1115
		Base Kansas City	3183 -1398

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 1/4"	8 5/8"	20#	373'	60/40 Poz	225	2% Gel, 3% cc
Production	7 7/8"	4 1/2"	10.5#	3138'	ASC	150	20% gel 500 gal
						15	flush WFR2 rathole

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	2914' -18'	Treated w/t 250 g. acid	2914-18'
		Swabbed back treated w/t 1000gal	
		15% NE Ran 30" swab tests (1 1/2 bb	
		50% oil avg.)	

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
		2 3/8"				
Date of First, Resumed Production, SWD or Enhr. June 7, 2001			Producing Method <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	Gravity	
	5 bbls					

Disposition of Gas: ☐ Vented ☐ Sold ☒ Used on Lease (If vented, Sumit ACO-18.)

METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled ☐ Other (Specify) _____

Production Interval: _____