

WELL COMPLETION OR RECOMPLETION FORM
ACO-1 WELL HISTORY

Operator: License # ...5252.....
NameR. P. NIXON OPERATIONS.....
Address ...207. W. 12TH.....
.....HAYS. KS. 67601.....
City/State/Zip

Operator Contact Person .. DAN A NIXON ..
Phone .. (913) 628-3834 ..

Contractor: License # 5128
Name JAY-LAN CORPORATION

Website Geologist.....DAN A. NIXON
 Phone.....913-628-3834

PURCHASER.....

☒ New Well ☐ Re-Entry ☐ Workover

☐ Oil ☐ SWD ☐ Temp Abd
☐ Gas ☐ Inj ☐ Delayed Comp.
☒ Dry ☐ Other (Core, Water Supply etc.)

Operator

Well Name

Comp. DateOld Total Depth.....

Drilling Method:

☒ Mud Rotary ☐ Air Rotary ☐ Cable

2-13-85	2-20-85	2-20-85
Spd Date	Date Reached TD	Completion Date

3505
.....
Total Depth PBTD

Amount of Surface Pipe Set and Cemented at 213 feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
If yes, show depth set.....feet

If alternate 2 completion, cement circulated from...213....feet depth to...surf...w/...135...SX cmt

API NO. 15-051-24,147 *c*

County ELLIS State Geological Survey

E/2 NE NW 10
..... Sec..... Twp. 13 Rge. 16 ☐ East
..... ☒ West

..4620.... Ft North from Southeast Corner of Section
 ..2970.... Ft West from Southeast Corner of Section
 (Note: Locate well in section plat below)

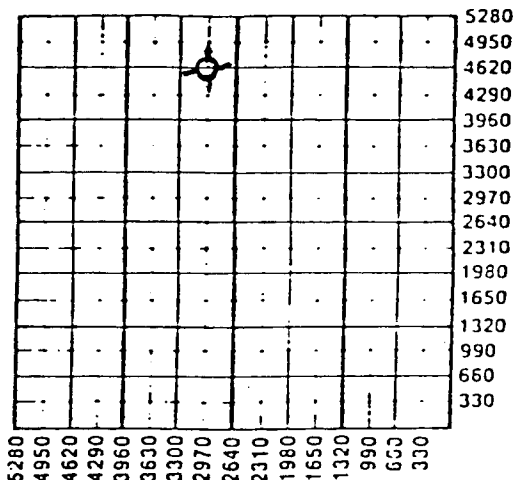
Lease Name...SCHMEIDLER, B.....Well #.....1.....

Field Name.....

Producing Formation.....

Elevation: Ground..1965.....KB.....1971.....

Section Plat



WATER SUPPLY INFORMATION

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)
(purchased from city, R.W.D.#)

Disposition of Produced Water: ☐ Disposal
☐ Repressuring

Docket /

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.

Operator Name R. P. NIXON OPER Lease Name SCHMEIDLER, B #1 SEC 10 TWP 13 RGE 16

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 of 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

HEEBNER	3154	
TORONTO	3174	
LANSING	3205	(-1233)
BASE OF KC	3437	
ARBUCKLE	3483	(-1511)
RTD	3505	
LTD	3504	

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 1/2"	8 5/8"		213	60/40 poz	135	3% c.c. 2% gel

PERFORATION RECORD

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

TUBING RECORD

Size

Set At

Packer at

Liner Run

☐ Yes☐ No

Date of First Production Producing Method

☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (explain).....