

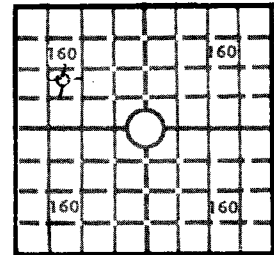
State Geological Survey  
KANSAS DRILLERS' LOG

S. 2 T. 13 R. 18 E  
W

Loc. \_\_\_\_\_

County Ellis

640 Acres  
N



Elev.: Gr. 2136

DF 2139 KB 2141

API No. 15 — 051 — 21329  
County Number

Operator Staab Oil Co

Address Cath Rt Box 39 Hays Ks

Well No. 1 Lease Name McRae

Footage Location  
990 feet from (S) line 890 feet from (W) line

Principal Contractor Dreeling Oil Co Geologist Jerry Green

Prod Date 5-12-77 Total Depth 3685 P.B.T.D.

Date Completed 5-17-77 Oil Purchaser

CASING RECORD

Report of all strings set — surface, intermediate, production, etc.

Purpose of string	Size hole drilled	Size casing set (in O.D.)	Weight lbs/ft.	Setting depth	Type cement	Sacks	Type and percent additives
<u>surface pipe</u>	<u>12in</u>	<u>8 5/8</u>	<u>29</u>	<u>198</u>	<u>Common Cement</u>	<u>150</u>	

LINER RECORD

PERFORATION RECORD

Top, ft.	Bottom, ft.	Sacks cement	Shots per ft.	Size & type	Depth interval

Size	Setting depth	Packer set at			

ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD

Amount and kind of material used	Depth interval treated

INITIAL PRODUCTION

Date of first production		Producing method (flowing, pumping, gas lift, etc.)		
RATE OF PRODUCTION PER 24 HOURS	Oil	Gas	Water	Gas-oil ratio
	bbls.	MCF	bbls.	CFPB
Disposition of gas (vented, used on lease or sold)			Producing interval (s)	

INSTRUCTIONS: As provided in KCC Rule 82-2-125, within 90 days after completion of a well, one completed copy of this Drillers Log shall be transmitted to the State Geological Survey of Kansas, 4150 Monroe Street, Wichita, Kansas 67209. Copies of this form are available from the Conservation Division, State Corporation Commission, 3830 So. Meridian (P.O. Box 17027), Wichita, Kansas 66217. Phone AC 316-522-2206. If confidential custody is desired, please note Rule 82-2-125. Drillers Logs will be on open file in the Oil and Gas Division, State Geological Survey of Kansas, Lawrence, Kansas 66044.

DESIGNATE TYPE OF COMP.: OIL, GAS,  
DRY HOLE, SWDW, ETC.:

**SHOW GEOLOGICAL MARKERS, LOGS RUN, OR OTHER DESCRIPTIVE INFORMATION.**

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**USE ADDITIONAL SHEETS, IF NECESSARY, TO COMPLETE WELL RECORD.**

**Signature**

**Title**

Date \_\_\_\_\_