

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

Operator: License # 30606

Name: Murfin Drilling Co., Inc.

Address 250 N. Water, Suite 300

City/State/Zip Wichita, KS 67202

Purchaser: _____

Operator Contact Person: TOM W. NICHOLS

Phone (316) 267 - 3241

Contractor: Name: Murfin Drilling Co., Inc.

License: 30606

Wellsite Geologist: _____

Designate Type of completion

☒ New Well ☐ Re-Entry ☐ Workover

☐ Oil ☐ SWD ☐ SLOW ☐ Temp. Abd.

☐ Gas ☐ ENHR ☐ SIGW

☒ Dry ☐ Other (Core, WSW, Expl., Cathodic, etc)

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

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

☐ Deepening ☐ Re-perf. ☐ Conv. to Inj/SWD

☐ Plug Back ☐ PBDT

☐ Commingled ☐ Docket No. _____

☐ Dual Completion ☐ Docket No. _____

☐ Other (SWD or Inj?) ☐ Docket No. _____

7/25/02

Spud Date

8/3/02

Date Reached TD

8/3/02

Completion Date

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 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 [Signature]

Title Tom W. Nichols, Production Manager Date 2002

Subscribed and sworn to before me this 6th day of August

2002.

Notary Public [Signature]

Barbara J. Dodson

Date Commission Expires 12/16/03



BARBARA J. DODSON
NOTARY PUBLIC

API NO. 15- 051-25146

County ELLIS

- S2 - S2 - SW Sec 32 Twp. 13S Rge. 19 W

330 Feet from S/N (circle one) Line of Section

1310 Feet from E/W (circle one) Line of Section

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

Lease Name RIEDEL Well # 16

Field Name IRVIN

Producing Formation NONE

Elevation: Ground 2251 KB 2256

Total Depth 3970' PBDT

Amount of Surface Pipe Set and Cemented at 235' 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 PA 9.9.02
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume 2500 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

K.C.C. OFFICE USE ONLY
F ☒ Letter of Confidentiality Attached
C ☒ Wireline Log Received
C ☒ Geologist Report Received

Distribution
☐ KCC ☐ SWD/Rep ☐ NGPA
☐ KGS ☐ Plug ☐ Other (Specify)

Operator Name **Murfin Drilling Co. Inc.**

Lease Name REIDEL Well # 16

Sec. 32 Twp. 13S Rge. 19 W

☐ East
☒ West

County

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 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.)

Log Formation (Top), Depth and Datums Sample

Name

Top

Datum

Samples Sent to Geological Survey ☒ Yes ☐ No

Cores Taken ☐ Yes ☒ No

SEE ATTACHED LIST

Electric Log Run ☒ Yes ☐ No
(Submit Copy.)

List all E.Log Comp Den/Neutron, Dual Induction

CASING RECORD <u>New</u> <u>Used</u> 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"	24#	235	COMM	160	3%CC,2%GEL

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose: _Perforate _Protect Csg _Plug Back TD _Plug Off Zone	Depth Top/Btm	Type of Cement	# Sacks Used	Type and Percent Additives

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
	NONE		

TUBING RECORD	Size	Set At	Packer At	Liner
				☐ Yes ☐ No

Date of First, Resumed Production, SWD or Inj.			Producing Method ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other			
Estimated Production Per 24 Hours	Oil	Bbls	Gas	Mcf	Water	Bbls. Gas-Oil Ratio Gravity

Disposition of Gas:

METHOD OF COMPLETION

Production Interval

☐ Vented ☐ Sold ☐ Used on Lease
(If vented, submit ACO-18.)

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled
☐ Other (Specify)

as above