FORM MUST BE TYPED

ORIGINAL

SIDE ONE

24-14-12W 3-2-95

COPY

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

Operator: License # 03331

Name: Samco Investments

Address 3871 198th St.

City/State/Zip Dorrance, KS 67634

Purchaser: N/A

Operator Contact Person: Richard Steinle

Phone (913) 666-4468

Contractor: Name: Vonfeldt Drilling Company

License: 9431

Wellsite Geologist: None

Designate Type of Completion
____ New Well X Re-Entry ____ Workover

____ Oil ____ SWD ____ SIOW ____ Temp. Abd.
____ Gas ____ ENHR ____ SIGW
X Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

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

Operator: Energy Serv. Corp

Well Name: Steinle #1

Comp. Date 12-21-79 Old Total Depth 3225

X PLUGGED & ABANDONED
____ Deepening ____ Re-perf. ____ Conv. to Inj/SWD
____ Plug Back ____ PBTD
____ Commingled Docket No. ____
____ Dual Completion Docket No. ____
____ Other (SWD or Inj?) Docket No. ____

12-14-79 Spud Date | ____ Date Reached TD | 3-2-95 pluggedCompletion Date

API NO. 15- 167-213980001

County Russell

NE NW SW 24 Sec. 14 Twp. 12 Rge. W ____E X W

2110 Feet from (S)/N (circle one) Line of Section

4290 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 Steinle OWWO Well # 1

Field Name Sara

Producing Formation LKC None at time of plugg

Elevation: Ground 1710 KB 1715

Total Depth 615 PBTD Surface

Amount of Surface Pipe Set and Cemented at 281 Feet

Multiple Stage Cementing Collar Used? ____ Yes X No

If yes, show depth set ____ Feet

If Alternate II completion, cement circulated from ____

feet depth to ____ w/ ____ sx cmt.

Drilling Fluid Management Plan P&A JH 12-27-95
(Data must be collected from the Reserve Pit)

Chloride content -0- ppm Fluid volume 200 bbls

Dewatering method used fresh water left to dry

Location of fluid disposal if hauled offsite:

Operator Name ____

Lease Name ____ License No. ____

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

County ____ Docket No. ____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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.

RECEIVED
STATE CORPORATION COMMISSION

Signature Mary Ann Steinle

Title Owner/Operator Date 3/29/95

Subscribed and sworn to before me this 29th day of March, 19 95.

Notary Public Donna Super

Date Commission Expires 2/9/97

DONNA SUPER
State of Kansas
My Appt. Exp. 2/9/97

K.C.C. OFFICE USE ONLY
MAR 31 1995
F ____ Letter of Confidentiality Attached
C ____ Wireline Log Received
C ____ Geologist Report Received

Distribution
____ KCC ____ SWD/Rep ____ NGPA
✓ KGS ____ Plug ____ Other (Specify) FS

Form ACO-1 (7-91)

SIDE TWO

Operator Name SAMCO INVESTMENTS Lease Name STEINLE Well # 1 OWWO

Sec. 24 Twp. 14 Rge. 12 ☐ East ☒ West County Russell

RTD 615' Pluged & abandoned

Copy of plugging included

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 (Attach Additional Sheets.) ☐ Yes ☒ No

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

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

List All E.Logs Run:

☐ Log Formation (Top), Depth and Datums ☐ Sample

Name Top Datum

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

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top	Depth Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate					
___ Protect Casing					
___ Plug Back TD					
___ 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

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

Date of First, Resumed Production, SWD or Inj. P&A

Producing Method ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas:

☐ Vented ☐ Sold ☐ Used on Lease

(If vented, submit ACO-18.)

METHOD OF COMPLETION

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled

☐ Other (Specify) _____

Production Interval _____