KGS Dup.

30-14-30 W

CORRECTED ACO-1 *change producing formation from Mississippian to Johnson (Cherokee) Myrick Station (Marmato

FORM MUST BE TYPED

SIDE ONE

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

Operator: License # 6039

Name: L. D. DRILLING, INC.

Address R. R. 1 BOX 183 B

City/State/Zip Great Bend, Kansas 67530

Purchaser: N.C.R.A.

Operator Contact Person: L. D. Davis

Phone (316) 793-3051

Contractor: Name: L. D. DRILLING, INC.

License: 6039

Wellsite Geologist: Kim Shoemaker

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

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

If Workover:

Operator:

Well Name:

Comp. Date ____ Old Total Depth ____

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

2-19-96 Spud Date | 2-29-96 Date Reached TD | 3-9-96 Completion Date

API NO. 15- 063-214910000

County GOVE

60' North of ____ - ____ - N/2 - NE Sec. 30 Twp. 14 Rge. 30 X E W

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

1320 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 NORTH GLENN Well # 1-30

Field Name wildcat

Producing Formation Johnson (Cherokee) ~~Myrick Station (Marmaton)~~

Elevation: Ground 2758' KB 2763'

Total Depth ~~4450'~~ 4500' PBTD

Amount of Surface Pipe Set and Cemented at 281 Feet

Multiple Stage Cementing Collar Used? X Yes ____ No

If yes, show depth set 2222 Feet

If Alternate II completion, cement circulated from 2222

feet depth to surface w/ 350 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 Rng. ____ E/W

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 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 L. D. Davis L. D. Davis

Title President Date 5-3-96

Subscribed and sworn to before me this 3rd day of May, 19 96.

Notary Public Bessie M. DeWerff
Bessie M. DeWerff

Date Commission Expires 5-20-97

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)

Form ACO-1 (7-91)

RECEIVED
KANSAS CORPORATION COMMISSION

NOTARY PUBLIC - State of Kansas
BESSIE M. DeWERFF
My Appt. Exp. 5-20-97

MAY 06 1996