

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**WELL COMPLETION FORM**  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

RECEIVED

JUL 16 2004

Form ACO-1  
September 1999  
Form Must Be Typed

KCC WICHITA

ORIGINAL

Operator: License # 33269  
Name: Central Operating, Inc.  
Address: 1600 Broadway Suite #1050  
City/State/Zip: Denver, CO 80202  
Purchaser: Dry Hole  
Operator Contact Person: P.A. BREW  
Phone: (303) 894-9576  
Contractor: Name: Murfin Drilling Co.  
License: 30606  
Wellsite Geologist: Jerry Green

Designate Type of Completion: DRY HOLE NO COMPLETION

☐ New Well ☐ Re-Entry ☐ Workover  
☐ Oil ☐ SWD ☐ SIOW ☐ Temp. Abd.  
☐ Gas ☐ ENHR ☐ SIGW  
☒ Dry ☐ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

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

☐ Plug Back ☐ Plug Back Total Depth

☐ Commingled ☐ Docket No. \_\_\_\_\_

☐ Dual Completion ☐ Docket No. \_\_\_\_\_

☐ Other (SWD or Enhr.?) ☐ Docket No. \_\_\_\_\_

|                   |                 |                    |
|-------------------|-----------------|--------------------|
| <u>6-10-04</u>    | <u>6-16-04</u>  | <u>6-16-04</u>     |
| Spud Date or      | Date Reached TD | Completion Date or |
| Recompletion Date |                 | Recompletion Date  |

API No. 15 - 167-23252-0000

County: Russell

SE - NW - SE - Sec. 8 Twp. 15 S. R. 14 ☐ East ☒ West

1690' feet from S N (circle one) Line of Section

1620' feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Deines Well #: 1

Field Name: Gideon

Producing Formation: Arbuckle - Target

Elevation: Ground: 1865' Kelly Bushing: 1861'

Total Depth: 3350' Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at 207.25' 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**

(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. R. \_\_\_\_\_ ☐ East ☐ West

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 of 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: P.A. Brew  
Title: President Date: July 14 2004  
Subscribed and sworn to before me this 14th day of July, 2004.  
Notary Public: Walter M. O'Leary  
Date Commission Expires: May 28, 2007

**KCC Office Use ONLY**

☐ Letter of Confidentiality Attached

If Denied, Yes ☐ Date: \_\_\_\_\_

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

Operator Name: CENTRAL OPERATING, INC. Lease Name: DEINES Well #: 1  
 Sec. 8 Twp. 15 S. R. 14 ☐ East ☒ West County: RUSSELL

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken ☒ Yes ☐ No  
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☒ Yes ☐ No  
 (Submit Copy)

List All E. Logs Run:

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

| Name       | Top  | Datum |
|------------|------|-------|
| Tarkio Lms | 2498 | -637  |
| Elmont     | 2558 | -697  |
| Howard     | 2696 | -835  |
| Topeka     | 2760 | -899  |
| Heebner    | 2990 | -1129 |
| LKC        | 3050 | -1189 |

### 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 | # Sacjs Used | Type and Percent Additives |
|-------------------|---------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| Surface           | 12- $\frac{1}{2}$ " | 8-5/8                     | 24#               | 207.25        | 60-40 Piz.     | 150          | 2%Gel 3%cc                 |
|                   |                     |                           |                   |               |                |              |                            |
|                   |                     |                           |                   |               |                |              |                            |

### ADDITIONAL CEMENTING / SQUEEZE RECORD

| Purpose:                                | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
|-----------------------------------------|------------------|----------------|-------------|----------------------------|
| <input type="checkbox"/> Perforate      |                  |                |             |                            |
| <input type="checkbox"/> Protect Casing |                  |                |             |                            |
| <input type="checkbox"/> Plug Back TD   |                  |                |             |                            |
| <input type="checkbox"/> Plug Off Zone  |                  |                |             |                            |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br>(Amount and Kind of Material Used) | Depth |
|----------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------|
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |

| TUBING RECORD | Size | Set At | Packer At | Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------|------|--------|-----------|--------------------------------------------------------------------|
|---------------|------|--------|-----------|--------------------------------------------------------------------|

|                                                |                                                                                                                                                               |         |             |               |         |  |  |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------|---------------|---------|--|--|
| Date of First, Resumed Production, SWD or Enh. | Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> 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 ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled ☐ Other (Specify) \_\_\_\_\_  
 (If vented, Submit ACO-18.)