

CONFIDENTIAL

SIDE ONE

COPY

ml

FORM MUST BE TYPED

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

Operator: License # 8541Name: Petex, Inc.Address 1610 E. SunshineCity/State/Zip Springfield, MO 65804

Purchaser: _____

Operator Contact Person: Larry ChildressPhone (417) 887-1225Contractor: Name: Murfin Drilling Company, Inc.License: 30606

Wellsite Geologist: _____

Designate Type of 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: _____

Comp. Date _____ Old Total Depth _____

☐ Deepening ☐ Re-perf. ☐ Conv. to Inj/SWD☐ Plug Back ☐ PBSD☐ Commingled ☐ Docket No. _____☐ Dual Completion ☐ Docket No. _____☐ Other (SWD or Inj?) ☐ Docket No. _____Spud Date 5/14/97 Date Reached TD 06/22/97 Completion Date 06/22/97API NO. 15- 199-202480000County WallaceSW - SW - NE - Sec. 20 Twp. 15S - Rge. 41 X E W2310 Feet from S(N) (circle one) Line of Section2310 Feet from (E) W (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)Lease Name Hunter Well # 1Field Name WildcatProducing Formation NoneElevation: Ground 3762 3770 KB 10Total Depth 5220 PBSD _____Amount of Surface Pipe Set and Cemented at 356 FeetMultiple 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 DAA 27 12-24-97
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Method 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.

Signature Larry ChildressTitle president Date 7/28/97Subscribed and sworn to before me this 28 day of July 1997Notary Public Peggy SteelmanDate Commission Expires 7/29/99

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)
IS

Form ACO-1 (7-91)

143052

SIDE TWO

Operator name Petex, Inc.

Lease Name Hunter Well # 1

Sec. 20 Twp. 15S Rge. 41
☐ East
☒ West

County Wallace

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	☒ Log Formation (Top), Depth and Datums <table border="0"> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Anhydrite</td> <td>2726</td> <td>+1054</td> </tr> <tr> <td>B/Anhy</td> <td>2756</td> <td>+1024</td> </tr> <tr> <td>Heebner</td> <td>4109</td> <td>-329</td> </tr> <tr> <td>Lansing</td> <td>4208</td> <td>-428</td> </tr> <tr> <td>Cherokee Sh</td> <td>4739</td> <td>-959</td> </tr> <tr> <td>Atoka</td> <td>4856</td> <td>-1076</td> </tr> <tr> <td>Morrow Sh</td> <td>5004</td> <td>-1224</td> </tr> <tr> <td>Keyes Lm</td> <td>5082</td> <td>-1302</td> </tr> <tr> <td>Miss</td> <td>5168</td> <td>-1388</td> </tr> </table>	Name	Top	Datum	Anhydrite	2726	+1054	B/Anhy	2756	+1024	Heebner	4109	-329	Lansing	4208	-428	Cherokee Sh	4739	-959	Atoka	4856	-1076	Morrow Sh	5004	-1224	Keyes Lm	5082	-1302	Miss	5168	-1388	☐ Sample
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Samples Sent to Geological Survey	☒ Yes	☐ No																																
Cores Taken	☐ Yes	☒ No																																
Electric Log Run (Submit Copy.)	☒ Yes	☐ No																																

List All E.Logs Run:

Dual induction
compensated density

CASING RECORD <u> </u> New <u> </u> 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
Surface	12 1/4"	8 5/8"		356'	60/40 Poz, 3% CC, 2% gel	250	

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

TUBING RECORD Size Set At Packer At	Liner Run <u> </u> Yes <u> </u> No
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Date of First, Resumed Production, SWD or Inj. <u>D & A</u>	Producing Method ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other
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Estimated Production Per 24 Hours	Oil <u>N/A</u> Bbls	Gas <u>N/A</u> Mcf	Water <u>N/A</u> Bbls	Gas-Oil Ratio	Gravity
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Disposition of Gas: **METHOD OF COMPLETION** Production Interval

☐ Vented ☐ Sold ☐ Used on Lease ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled _____
 (If vented, submit ACO-18.) ☐ Other (Specify) _____