

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

API #15-165-21,659

ORIGINAL

*Phil*

County Rush

Approx. SW - NW - NE - Sec. 8 Twp. 17S Rge. 19 E X V

Operator: License # 30347

Name: DECAB Company

Address P. O. Box 609

City/State/Zip Hays, KS 67601

Purchaser: N/A

Operator Contact Person: Thomas J. Younger

Phone (913) -625-4886 9148 or 785-2757

Contractor: Name: Emphasis Oil Operations

License: 8241

Wellsite Geologist: Ron Nelson

Designate Type of Completion  
 New Well  Re-Entry  Workover

Oil  SWD  SIOW  Temp. Abd.  
 Gas  ENHR  SIGU  
 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  PBD  
 Commingled  Docket No. \_\_\_\_\_  
 Dual Completion  Docket No. \_\_\_\_\_  
 Other (SWD or Inj?)  Docket No. \_\_\_\_\_

7/22/94 7/28/94  
Spud Date Date Reached TD Completion Date

4080 feet from Q/K (circle one) Line of Section

2310 feet from Q/V (circle one) Line of Section

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

Lease Name Legleiter Well # 1

Field Name \_\_\_\_\_

Producing Formation None

Elevation: Ground 2101' ES 2106'

Total Depth 3900' PBD \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at 244 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/ \_\_\_\_\_ sk cat.

Drilling Fluid Management Plan D&A 94 7-17-95  
(Data must be collected from the Reserve Pit)

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls

De-watering method used \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name \_\_\_\_\_

Lease Name \_\_\_\_\_ License No. \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Rng. \_\_\_\_\_ E/W

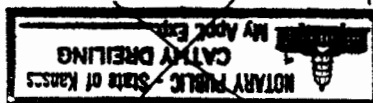
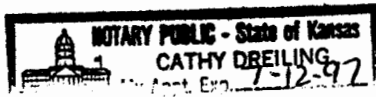
County \_\_\_\_\_ Docket No. \_\_\_\_\_

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 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 Tom Younger  
Title operator Date 11-18-94  
Subscribed and sworn to before me this 18th day of November  
94  
Notary Public Cathy Dreiling  
Date Commission Expires 7-12-97

K.C.C. OFFICE USE ONLY  
Letter of Confidentiality Attached   
C  Wireline Log Received  
C  Geologist Report Received  
Distributors: \_\_\_\_\_  
SWD/Rep \_\_\_\_\_  
ECC- \_\_\_\_\_  
CGS \_\_\_\_\_  
RECEIVED  
STATE CORPORATION COMMISSION  
DEC 01 1994  
KCPA  
CONSERVATION DIVISION  
WICHITA, KANSAS



Operator Name: DECAB Company Lease Name Legleiter Well # 1

Sec. 8 Twp. 17S Rge. 19  East  West  
 County Rush

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.)

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

**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  |
|-------------------|-------------------|---------------------------|-----------------|---------------|----------------|--------------|-----------------------------|
| Surface           | 12 1/4"           | 8 5/8"                    | 24 #            | 224'          | 60/40 Poz      | 130          | 2% gel 3% CaCl <sub>2</sub> |
|                   |                   |                           |                 |               |                |              |                             |
|                   |                   |                           |                 |               |                |              |                             |

**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 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: D&A Producing Method  Flowing  Pumping  Gas Lift  Other (Explain)

Estimated Production Per 24 Hours Oil N/A Bbls Gas N/A Mcf Water N/A Bbls  See Oil Report Gravity

Disposition of Gas:  Vented  Sold  Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION  Open Hole  Partially  Dually Comp  Cemented  Other (Specify)

Product (in Interval)