

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm ACO-1
September 1995
Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 6471
Name: R. C. BANKS
Address: P. O. Box 242
City/State/Zip: Midland, TX. 79702
Purchaser: Duke Energy
Operator Contact Person: R. C. Banks
Phone: (432) 682 8296
Contractor: Name: Cheyenne Dr'g.
License: 33575
Wellsite Geologist: Joe Brøugher

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: _____

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. _____

5/20/06 5/22/06 9/28/06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 071-20846-0000County: GreeleyC-N-W-1/4 Sec. 19 Twp. 17 S. R. 40 ☐ East ☒ West1320' feet from S / N (circle one) Line of Section1320' feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SWLease Name: Chester Well #: 4Field Name: ByerleyProducing Formation: Winfield, Ft. RileyElevation: Ground: 3653 Kelly Bushing: 3659Total Depth: 3030 Plug Back Total Depth: _____Amount of Surface Pipe Set and Cemented at 273 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

(Data must be collected from the Reserve Pit)

Chloride content: 100100 ppm Fluid volume: 300 bblsDewatering method used Evaporation

Location of fluid disposal if hauled offsite:

Operator Name: _____

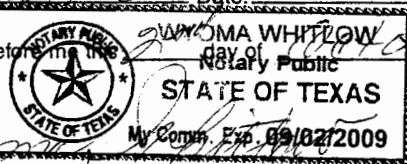
Lease Name: _____ License No.: _____

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: R. C. BanksTitle: Operator Date: 10-2-06Subscribed and sworn to before me this 2 day of October20 06Notary Public: WYOMA WHITLOW

KCC Office Use ONLY

☒ Letter of Confidentiality ReceivedIf Denied, Yes ☐ Date: 10-2-06☐ Wireline Log Received☐ Geologist Report Received☐ UIC Distribution

Operator Name: R. C. BANKS Lease Name: Chester Well #: 4
 Sec. 19 Twp. 17 S. R. 40 ☐ East ☒ West County: Greeley

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:

Dual Compensated Porosity
 Dual Induction
 Bond Log

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

| Name | Top | Datum |
|----------------|------|-------|
| Winfield | 2879 | 757 |
| Lower Winfield | 2918 | 735 |
| Ft. Riley | 2978 | 675 |

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 | 23 | 273 | Common | 175 | 3% gel |
| Production | 7 7/8 | 4 1/2 | 10.5 | 3034 | Lite | 500 | 1/2 flow seal |
| | | | | | Class C | 100 | |

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 | 1500 | Lite & Common | 300 | 1/4# flow seal & 3% cc |
| <input checked="" type="checkbox"/> Plug Off Zone | 1200 | Lite & Common | 300/50 | 1/4# flow seal & 3% cc |
| | Backside | Common | 125 | 300\$ hulls & 4% gel |

| 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 |
|----------------|---|---|-------|
| 1 | 2920-37, 2941-66, 2982-94 | 15% HCL & 100 gal. 15% plus 75 balls | |
| | | | |
| | | | |
| | | | |

| TUBING RECORD | Size | Set At | Packer At | Liner Run |
|---------------|-------|--------|-----------|--|
| | 2 3/8 | 2935 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | |
|--|--|---------|-------------|-----------------------|
| Date of First, Resumed Production, SWD or Enhr. 9/28/06 | Producing Method <input type="checkbox"/> Flowing <input checked="" 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 |
| | | 5 | 90 | |

Disposition of Gas

METHOD OF COMPLETION

Production Interval

☐ Vented ☒ Sold ☐ Used on Lease
 (If vented, Submit ACO-18.)

☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled
☐ Other (Specify) _____