

TYPE

AFFIDAVIT OF COMPLETION FORM

ACO-1 WELL HISTORY

Compt. 81

SIDE ONE

Two (2) copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within thirty (30) days after the completion of a well, regardless of how the well was completed.

F Attach separate letter of request if the information is to be held confidential. If confidential, only file one copy. Information on Side One will be of public record and Side Two will then be held confidential.

Applications must be made on dual completion, commingling, salt water disposal, injection and temporarily abandoned wells.

C Attach one copy only wireline logs (i.e. electrical log, sonic log, gamma ray neutron log, etc.). (Rules 82-2-105 & 82-2-125) KCC# (316) 263-3238.

LICENSE # 6519

EXPIRATION DATE

6-30-83

OPERATOR CB Cannan

API NO. OWWO

ADDRESS Box 453

COUNTY Elsworth

PRATT KANS 67124

FIELD

** CONTACT PERSON

SAUL

PHONE 316 672 3870

PURCHASER Western Cooperative Refinery Assn

LEASE Mch 1

ADDRESS Box 1167

WELL NO. 6 OWWO

MPHerson Kans

WELL LOCATION W2 NE NE

DRILLING Diesel Well Serv

660 Ft. from W Line and

CONTRACTOR Clayton

990 Ft. from E of NE C Line of

ADDRESS Kans

the NE (Qtr.) SEC 18 TWP 17 RGE 9 W

PLUGGING

WELL PLAT

CONTRACTOR

(Office
Use Only)

ADDRESS State Geological Survey

KCC
KGS

WICHITA BRANCH

SWD/REP
PLG.

TOTAL DEPTH 3481

PBTD

SPUD DATE 12-5-79

DATE COMPLETED 7-11-80

ELEV: GR 1783

DF

KB

DRILLED WITH (CABLE) (ROTARY) (AIR) TOOLS.

DOCKET NO. OF DISPOSAL OR REPRESSURING WELL BEING
USED TO DISPOSE OF WATER FROM THIS LEASE CD88255.

Amount of surface pipe set and cemented 250 DV Tool Used? N/A.

THIS AFFIDAVIT APPLIES TO: (Circle ONE) - Oil, Gas, Shut-in Gas, Dry, Disposal,
Injection, Temporarily Abandoned, OWWO, Other .

ALL REQUIREMENTS OF THE STATUTES, RULES AND REGULATIONS PROMULGATED TO REGULATE THE OIL
AND GAS INDUSTRY HAVE BEEN FULLY COMPLIED WITH.

OCT 19 1982

CONSERVATION DIVISION
Wichita, Kansas

C. B. Cannan

, being of lawful age, hereby certifies

that:

I am the Affiant, and I am familiar with the contents of the foregoing Affidavit.
The statements and allegations contained therein are true and correct.

WP-PI-PL

SIDE TWO

OPERATOR

CB Causay

LEASE

Mech)

ACO-1 WELL HISTORY

SEC. 19 TWP. 17 RGE. 7W

WELL NO. 6

FILL IN WELL INFORMATION AS REQUIRED:

Show all important zones of porosity and contents thereof; cored intervals, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.

SHOW GEOLOGICAL MARKERS, LOGS RUN, OR OTHER DESCRIPTIVE INFORMATION.

FORMATION DESCRIPTION, CONTENTS, ETC.	TOP	BOTTOM	NAME	DEPTH
<input checked="" type="checkbox"/> Check if no Drill Stem Tests Run.				

ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD

Amount and kind of material used	Depth interval treated		
1500 GAL Reg Acid			
Date of first production	Producing method (flowing, pumping, gas lift, etc.)		Gravity
None	None		40/46
Estimated Production -I.P.	Oil bbis.	Gas MCF	Water % bbis.
Disposition of gas (vented, used on lease or sold)	Perforations		Gas-oil ratio CFPB
	None		

If additional space is needed use Page 2, Side 2					
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Report of all strings set—surface, intermediate, production, etc. Casing Record (New) or (Used)

Purpose of string	Size hole drilled	Size casing set (in O.D.)	Weight lbs/ft.	Setting depth	Type cement	Sacks	Type and percent additives
LINER		4 1/2	9 1/2	3218			

LINER RECORD

PERFORATION RECORD

Top, ft.	Bottom, ft.	Sacks cement	Shots per ft.	Size & type	Depth interval
GL	3218	50	None		

TUBING RECORD

Size	Setting depth	Packer set at	

operator

C B Canner

DESIGNATE TYPE OF COMP.: OIL, GAS,
DRY HOLE, SWDW, ETC.:

Well No.

6

Lease Name

MEHSI SWD

SWDW

S 19 T 17 R 9 ~~E~~ W

WELL LOG

Show all important zones of porosity and contents thereof; cored intervals, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.

SHOW GEOLOGICAL MARKERS, LOGS RUN,
OR OTHER DESCRIPTIVE INFORMATION.

FORMATION DESCRIPTION, CONTENTS, ETC.

TOP

BOTTOM

NAME

DEPTH

original Conn. 1-22-49
CITIESERVICE 778' 1/8

USE ADDITIONAL SHEETS, IF NECESSARY, TO COMPLETE WELL RECORD.

Date Received

C B Canner

Signature

Owner

Title

8-16-80

Date