

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISIONForm ACO-1  
September 1999  
Form Must Be TypedWELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 31458  
 Name: H J Inc  
 Address: 70 N. Farmland Rd  
 City/State/Zip: Garden City, KS 67846  
 Purchaser: Lumen Energy Corp.  
 Operator Contact Person: Kenneth Lang  
 Phone: (620) 287-1910  
 Contractor: Name: Express Well Service  
 License: 6426  
 Wellsite Geologist: Jim Musgrove  
 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: Ben F. Brock  
 Well Name: Miller #1  
 Original Comp. Date: 7-12-47 Original Total Depth: 3602  
 \_\_\_\_\_ 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. \_\_\_\_\_

8-14-03 8-16-03 8-26-03  
 Spud Date or Date Reached TD Completion Date or  
 Recompletion Date Recompletion Date

API No. 15 - 009-06999-00-01

County: Barton  
 \_\_\_\_\_ NW \_\_\_\_\_ NE Sec. 21 Twp. 19 S. R. 14 ☐ East ☒ West  
330 feet from S / (circle one) Line of Section  
2310 feet from (circle one) W / (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) (NE) SE NW SWLease Name: Callahan Well #: 2-21Field Name: HeizerProducing Formation: Herrington-KriederElevation: Ground: 1891 Kelly Bushing: \_\_\_\_\_Total Depth: 1800 Plug Back Total Depth: 1793Amount of Surface Pipe Set and Cemented at 816 FeetMultiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from 1793feet depth to 1455 w/ 250 sx cm.

## Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content 30,000 ppm Fluid volume 320 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.: \_\_\_\_\_

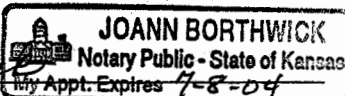
**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information 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: X Kenneth Lang  
 Title: President Date: 11-7-03

Subscribed and sworn to before me this 11th day of November

11-2003  
 Notary Public: Joann Borthwick  
 Date Commission Expires: July 8, 2004



## KCC Office Use ONLY

\_\_\_\_\_ Letter of Confidentiality Attached  
 If Denied, Yes ☐ Date: \_\_\_\_\_  
 \_\_\_\_\_ Wireline Log Received  
 \_\_\_\_\_ Geologist Report Received  
 \_\_\_\_\_ UIC Distribution

Operator Name: H J Inc Lease Name: Callahan Well #: 2-21  
Sec. 21 Twp. 19 S. R. 14 ☐ East ☒ West County: Barton

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: Sonic Cement Bond Log

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

Name Top Datum

None Available

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> 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	# Sacs Used	Type and Percent Additives
Surface Pipe				816	All ready in Hole		
Production	7 7/8	5 1/2"	17#	1793	Lite ASC	150 100	Gel 1 sack Flo seal 38# Xo seal 500#

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
2	1722-1736	Acid Treatment 600 Gal.	
2	1744-1750	15% HCL 90 Ball sealers	
		1500 gal. 2% KCL Flush	
		ISFP on Vacuum	

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		2 3/8	1720	None			
Date of First, Resumed Production, SWD or Enhr.			Producing Method <input checked="" 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		
	None	30	2				

METHOD OF COMPLETION		Production Interval	
<input checked="" type="checkbox"/> Vented <input type="checkbox"/> Solid <input type="checkbox"/> Used on Lease	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled		
(If vented, Submit ACO-18.)		<input type="checkbox"/> Other (Specify)	