

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 31786
Name: OCFIW Oil Co., Inc.
Address: PO Box 1325
City/State/Zip: Hutchinson, KS 67504-1325
Purchaser: _____
Operator Contact Person: Rob Howell
Phone: (620) 665-1056
Contractor: Name: Duke Drilling Co., Inc.
License: 5929
Wellsite Geologist: Wes Hansen
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. ☐ Conn. to Enhr./SWD
☐ Plug Back _____ Plug Back Total Depth _____
☐ Commingled _____ Docket No. _____
☐ Dual Completion _____ Docket No. _____
☐ Other (SWD or Enhr.?) _____ Docket No. _____
12-27-01 01-02-02 2-26-02
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 113-21286-0000
County: McPherson Co., KS
NW SW NW Sec. 5 Twp. 21 S. R. 5 ☐ East ☒ West
1468' feet from S / N (circle one) Line of Section
330' feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Ilene Peterson Well #: 6
Field Name: Little Valley
Producing Formation: _____
Elevation: Ground: 1525' Kelly Bushing: 1533'
Total Depth: 3440' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 222 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/ _____ sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume 50 bbls
Dewatering method used _____

Location of fluid disposal if hauled offsite:

Operator Name: OCFIW OIL COMPANY, INC.
Lease Name: LACKEY A License No.: 31786
Quarter SW Sec. 05 Twp. 21 S. R. 05W ☐ East ☐ West
County: MCPHERSON Docket No.: D-20,751

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: Rob Howell

Title: PRESIDENT Date: 4-4-02

Subscribed and sworn to before me this 4th day of April

in 2002

Notary Public: Patricia Lecklider

Date Commission Expires: _____

 **PATRICIA LECKLIDER**
Notary Public - State of Kansas

KCC Office Use ONLY

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

Operator Name: **OFCIW Oil Co., Inc.** Lease Name: **Ilene Peterson** Well #: **6**
 Sec. **5** Twp. **21** S. R. **5** ☐ East ☒ West County: **McPherson County Kansas**

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:

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

| Name | Top | Datum |
|---------------|------|-------|
| HEBNER SH | 2544 | -1010 |
| BROWN LM | 2725 | -1191 |
| LANSING | 2745 | -1211 |
| PAWNEE | 3152 | -1618 |
| FORT SCOTT | 3213 | -1679 |
| CHEROKEE SH | 3250 | -1716 |
| MISSISSIPPIAN | 3364 | -1830 |

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 | # Sacs Used | Type and Percent Additives |
|-------------------|-------------------|---------------------------|-------------------|---------------|------------------|-------------|----------------------------|
| Surface | 14-3/4" | 10-3/4" | 32# | 222' | 60/40 Poz | 200 | 3%cc 2%gel |
| Production | 9-7/8" | 7" | 23# | 3430' | EconoBond | 135 | |
| | | | | | | | |

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 |
|----------------|---|---|-------|
| 4 | 3365-3373 | 500 GALLONS 20% ACID | |
| | | | |
| | | | |
| | | | |
| | | | |

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

| | | | | | |
|---|-----------|--|-------------|---------------|---------|
| Date of First, Resumed Production, SWD or Enhr. | | Producing Method | | | |
| TEMPORARILY DELAYED COMPLETION | | <input 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 |

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