

SIDE ONE

*IAI*

STATE CORPORATION COMMISSION OF KANSAS  
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION OR RECOMPLETION FORM  
ACO-1 WELL HISTORY

DESCRIPTION OF WELL AND LEASE

Operator: License # 6166  
Name Bill Chew, Inc.  
Address 117 W. Main, P.O. Box 90  
City/State/Zip Lyons, KS 67554

Purchaser Inland Purchasing and  
Transportation Co.

Operator Contact Person Bill Chew  
Phone 316-257-5587

Contractor: License # 5142  
Name Sterling Drilling Co.

Wellsite Geologist Wayne Lebsack  
Phone 316-257-3825

- Designate Type of Completion
- New Well  Re-Entry  Workover
- Oil  SWD  Temp Abd  
 Gas  Inj  Delayed Comp.  
 Dry  Other (Core, Water Supply etc.)

If OWD: old well info as follows:  
Operator .....  
Well Name .....  
Comp. Date ..... Old Total Depth.....

WELL HISTORY

Drilling Method:  
 Mud Rotary  Air Rotary  Cable

12/8/82 12/11/82 12-25-82  
Spud Date Date Reached TD Completion Date

4045  
Total Depth PBD

Amount of Surface Pipe Set and Cemented at 289 feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set.....feet  
If alternate 2 completion, cement circulated  
from.....feet depth to.....w/.....SX cmt

API NO. 15-185-21,864A  
County Stafford  
NE/4 ..... Sec. 27 Twp. 22 Rge. 11  East  West

4290 Ft North from Southeast Corner of Section  
2310 Ft West from Southeast Corner of Section  
(Note: Locate well in section plat below)

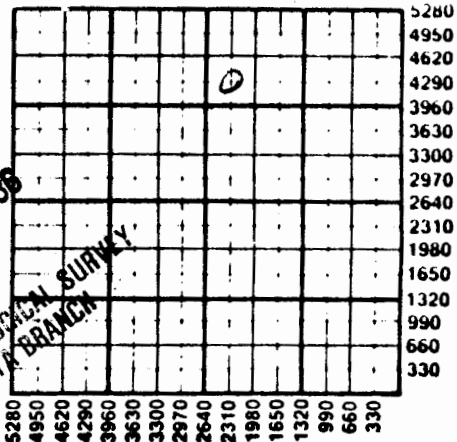
Lease Name Morris Well # 2 WD

Field Name.....

Producing Formation.....

Elevation: Ground.....KB.....

Section Plat



WATER SUPPLY INFORMATION  
Disposition of Produced Water:  Disposal  Repressuring  
Docket # .....

Questions on this portion of the ACO-1 call:  
Water Resources Board (913) 296-3717

Source of Water:  
Division of Water Resources Permit #.....

Groundwater.....Ft North from Southeast Corner  
(Well) .....Ft West from Southeast Corner of  
Sec Twp Rge  East  West

Surface Water.....Ft North from Southeast Corner  
(Stream, pond etc).....Ft West from Southeast Corner  
Sec Twp Rge  East  West

Other (explain).....  
(purchased from city, R.W.D. #)

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rule 82-3-130 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 drillers time log shall be attached with this form. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

**SIDE TWO**

Operator Name Bill Chew, Inc. Lease Name Morris Well # 2 WD

Sec. 27 Twp. 22 Rge. 11  East  West County Stafford

**WELL LOG**

**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  
 Samples Sent to Geological Survey  Yes  No  
 Cores Taken  Yes  No

Formation Description  
 Log  Sample

Name	Top	Bottom
Wash Down	0	3640
Lime	3640	4045



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	#Sacks Used	Type and Percent Additives
Surface		8 5/8 OD		289	Common	275	2% gel 3% cc
Production		5 1/2	14#	3716	60/40 poz Lite	150	18% salt 3/4 of 1% CFR-2
						200	
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used)			Depth
.....	.....			.....			.....
.....	.....			.....			.....
.....	.....			.....			.....
.....	.....			.....			.....
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No			
Size	Set At	Packer at					
.....	.....	.....					
Date of First Production		Producing Method					
.....		<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (explain).....					