ORIGINAL

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KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACC
September 19
Form Must Be Typ

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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Operator: License # 6166
Name: Bill Chew, Inc.
Address: P O Box 90
City/State/Zip: Lyons, KS 67554
Purchaser:
Operator Contact Person: William E. Chew
Phone: (620) 257-2861
Contractor: Name: Duke Drilling Co.
License:
Wellsite Geologist: James Craig

Designate Type of Completion:

X New Well ____ Re-Entry ____ Workover

____ Oil ____ SWD ____ SIOW ____ Temp. Abd.

____ Gas ____ ENHR ____ SIGW

X 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.

3-26-2003	4-1-2003	4.1.03
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 185231830000
County: Stafford
SE SE SW Sec. 9 Twp. 22 S. R. 12 ☐ East ☒ We
330 feet from (S) / N (circle one) Line of Section
2310 feet from E / (W) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: Teichman Well #: 1
Field Name: Drach
Producing Formation: Arbuckle
Elevation: Ground: 1872 Kelly Bushing: 1877
Total Depth: 3679 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at 275 8 5/8 F
Multiple Stage Cementing Collar Used? ☐ Yes ☒ X
If yes, show depth set F
If Alternate II completion, cement circulated from
feet depth to w/ sx

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

Chloride content ppm Fluid volume
Dewatering method used

Location of fluid disposal if hauled offsite:
Operator Name: Bob's Oil Service
Lease Name: Teichman License No.:
NE NE SE Quarter Sec. 8 Twp. 22 S. R. 12 ☐ East ☒
County: Stafford Docket No.:

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wich 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 ap 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 82 107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTI 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 stater herein are complete and correct to the best of my knowledge.

Signature: William E. Chew
Title: President Date: 8/10/04

Subscribed and sworn to before me this 10 day of August, 20 04.

Notary Public: Susan Clark

Date Commission Expires: 12-16-05

SUSAN CLARK
NOTARY PUBLIC
STATE OF KANSAS
MY APPT. EXPIRES 12-16-05

KCC Office Use ONLY

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

Side Two

Operator Name: Bill Chew, Inc. Lease Name: 6166 Well #: 1

SE. SE SW
Sec. 9 Twp. 22 S. R. 12 ☐ East ☒ West County: Stafford

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 *(Attach Additional Sheets)*	☒ Yes	☐ No	☐ Log	☐ Sample
Samples Sent to Geological Survey	☐ Yes	☒ No		
Cores Taken	☐ Yes	☒ No		
Electric Log Run *(Submit Copy)*	☐ Yes	☒ No		
List All E. Logs Run:				

Formation (Top), Depth and Datum

Name	Top	Datum
NA		

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
NA							

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: ___ Perforate ___ Protect Casing ___ Plug Back TD ___ Plug Off Zone	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
	NA			

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
NA			

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TUBING RECORD	Size	Set At	Packer At	Liner Run ☐ Yes ☐ No

Date of First, Resumerd Production, SWD or Enhr.	Producing Method ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ 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

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

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled _____

☐ Other *(Specify)* _____