

STATE CORPORATION COMMISSION OF KANSAS

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

ACO-1 WELL HISTORY

DESCRIPTION OF WELL AND LEAD

API NO. 15- 055-2169500000

County Finney

W/2 W/2 S/4

34

22S

Sec.

Twp.

Rge.

X V

Operator: License # 5474

1320

Feet from S (circle one) Line of SectionName: Northern Lights Oil Co., L.P.

1330

Feet from E (circle one) Line of SectionAddress P.O. Box 164

Footages Calculated from Nearest Outside Section Corner:

NE, SE, NW or SW (circle one)City/State/Zip Andover, KS 67002

Lease Name

Lilly

Well #

1

Purchaser: Will be- oneok

Field Name

HoughtonOperator Contact Person: Kurt Smith

Producing Formation

KriderPhone (316) 733-1515

Elevation: Ground

2891

KB

2896Contractor: Name: Mallard JV

Total Depth

4886

PSTD

2904'License: 4958

Amount of Surface Pipe Set and Cemented at

272

Feet

Wellsite Geologist: Kurt Smith

Multiple Stage Cementing Collar Used?

Yes XX No

Designate Type of Completion

X New Well Re-Entry Workover

If yes, show depth set

Feet

If Alternate II completion, cement circulated from 2904feet depth to surface w/ 550

sx cat.

Drilling Fluid Management Plan

ALT 2 9/4 02/15/02

(Data must be collected from the Reserve Pit)

If Workover/Re-Entry: old well info as follows:

Operator:

Chloride content

3400

ppm

Fluid volume

6000

bbls

Well Name:

Dewatering method used

EvaporationComp. Date Old Total Depth

Location of fluid disposal if hauled offsite:

Operator Name

RELEASED

Lease Name

License No.

Quarter

Sec.

Twp.

S Rng.

E/W

County

FROM CONFIDENTIAL

No.

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 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 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

Title Exploration ManagerDate 1-26-01Subscribed and sworn to before me this 26 day of Jan.

Notary Public

JANIE S. HAMPTON

Date Commission Expires

K.C.C. OFFICE USE ONLY

F ☒ Letter of Confidentiality Attached
C ☒ Wireline Log Received
C ☐ Geologist Report Received

Distribution

☐ KCC
☐ KGS

☐ SWD/Rep
☐ Plug

☐ NGPA
☐ Other
(Specify)

Operator Name Northern Lights Oil Co., Inc Lease Name Lilly Well # 1
 Sec. 34 Twp. 22S Rge. 31W County Finney
☐ East ☒ West

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
 (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: CDN/DInd

Name	Top	Datum
Anhydrite	2040	
Krider	2696	
LKC	4038	
Morrow Shale	4785	
Morrow Sand	4796	
Mississippian	4828	

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
Surface	12 1/4	8 5/8	24	272	60/40poz	225	2%ge13%cc
Production	7 7/8	4 1/2	10 1/2	2904	60/40Pz1	425	
					Class C	125	

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
☐ Perforate				
☐ Protect Casing				
☐ Plug Back TD				
☐ 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	2694-2704	1000gal 15%FE	2704
		Frac- 14,500 gal Hydravis	2704
		20,000# 20/40 sand	

TUBING RECORD		Size 2 3/8	Set At 2734	Packer At	Liner Run ☐ Yes ☒ No
Date of First, Resumed Production, SWD or Inj.		Producing Method ☒ Flowing ☒ Pumping ☐ Gas Lift ☐ Other (Explain)			
SI- waiting on hook up					
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		100	75		

Disposition of Gas:

☐ Vented ☒ Sold ☐ Used on Lease
 (If vented, submit ACO-18.)

METHOD OF COMPLETION

☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled
☐ Other (Specify) _____

Production Interval

2696-2704