

STATE CORPORATION COMMISSION OF KANSAS  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
ACO-1 WELL HISTORY  
DESCRIPTION OF WELL AND LEASE

Operator: License # 5885 SEP 2

Name: CHIEF DRILLING, INC.

Address 120 S. Market, #300

City/State/Zip Wichita, Kansas 67202

Purchaser: -----

Operator Contact Person: Douglas W. Thimesch

Phone (316) 262-3791

Contractor: Name: L. D. Drilling, Inc.

License: 6039

Wellsite Geologist: Kim Shoemaker

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: -----

Comp. Date ----- Old Total Depth -----

☐ Deepening ☐ Re-perf. ☐ Conv. to Inj/SWD

☐ Plug Back ☐ PBTD

☐ Commingled Docket No. -----

☐ Dual Completion Docket No. -----

☐ Other (SWD or Inj?) Docket No. -----

8-17-92

8-26-92

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Spud Date

Date Reached TD

Completion Date

SIDE ONE

API NO. 15- 185-22863

County STAFFORD

SE SW SW Sec. 20 Twp. 23S Rge. 13 ☒ E

330

Feet from S/N (circle one) Line of Section

4660

Feet from E/W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
NE, SE, NW or SW (circle one)

Lease Name SCHULZ

Well # 1-20

Field Name -----

Producing Formation -----

Elevation: Ground 1892' KB 1897'

Total Depth 4005' PBTD -----

Amount of Surface Pipe Set and Cemented at 255' 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 cnt.

Drilling Fluid Management Plan ALT 1 D&A 10-28-92  
(Data must be collected from the Reserve Pit) QR

Chloride content 55m ppm Fluid volume 1285 bbls

Dewatering method used -----

Location of fluid disposal if hauled off -----

Operator Name -----

Lease Name ----- License No. -----

----- Quarter Sec. ----- Twp. ----- Rge. -----

County ----- Docket 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 Douglas W. Thimesch  
Title Vice President Date 9-1-92

Subscribed and sworn to before me this 1st day of September, 19 92.

Notary Public Betty M. Abbott  
Date Commission Expires January 22, 1995

|                                         |                                                                        |
|-----------------------------------------|------------------------------------------------------------------------|
| K.C.C. OFFICE USE ONLY                  |                                                                        |
| F                                       | <input checked="" type="checkbox"/> Letter of Confidentiality Attached |
| G                                       | <input checked="" type="checkbox"/> Wireline Log Received              |
| C                                       | <input checked="" type="checkbox"/> Geologist Report Received          |
| RECEIVED                                |                                                                        |
| STATE CORPORATION COMMISSION            |                                                                        |
| Distribution                            |                                                                        |
| <input checked="" type="checkbox"/> KCC | <input type="checkbox"/> SWD/RWD                                       |
| <input checked="" type="checkbox"/> KGS | <input type="checkbox"/> Plug                                          |
| SEP 9 1992                              |                                                                        |
| (Specify)                               |                                                                        |
| OIL & GAS CONSERVATION DIVISION         |                                                                        |
| WICHITA, KANSAS                         |                                                                        |

WEI-22-02

SIDE TWO

Operator Name CHIEF DRILLING, INC.

Lease Name SCHULZ

Well # 1-20

Sec. 20 Twp. 23S Rge. 13  
☐ East  
☒ West

County Stafford

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:

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

See attached

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"                    | 20#             | 255'          | 60/40 Poz      | 160          | 2% Gel, 3% CC              |
|                   |                   |                           |                 |               |                |              |                            |
|                   |                   |                           |                 |               |                |              |                            |

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 |
|----------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------|
|                |                                                                                        |                                                                                |       |
|                |                                                                                        |                                                                                |       |
|                |                                                                                        |                                                                                |       |
|                |                                                                                        |                                                                                |       |

| TUBING RECORD                                  | Size                                                                                                                                                          | Set At   | Packer At   | Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|--------------------------------------------------------------------|
| Date of First, Resumed Production, SWD or Inj. | Producing Method <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

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

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