

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 # 32926  
Name: CIG Field Services  
Address: P. O. Box U  
City/State/Zip: Lakin, KS 67869  
Purchaser: N/A  
Operator Contact Person: Randy Vandervort  
Phone: ( 620 ) 355-4323  
Contractor: Name: The Loftis Company  
License: 32437  
Wellsite Geologist: N/A  
Designate Type of Completion:  
       New Well        Re-Entry        Workover  
       Oil        SWD        SIOW        Temp. Abd.  
       Gas        ENHR        SIGW \*Cathodic  
       Dry   X   Other (Core, WSW, Expl., Cathodic, etc)  
If Workover/Re-entry: Old Well Info as follows:  
Operator: N/A  
Well Name: N/A  
Original Comp. Date: N/A Original Total Depth: N/A  
       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.         
       07/19/02        07/19/02  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 093-21707-00-00  
County: Kearney  
NE NE NE NE Sec. 1 Twp. 24 S. R. 36 ☐ East ☒ West  
40' feet from S / (N) (circle one) Line of Section  
40' feet from (E) W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
(circle one) (NE) SE NW SW  
Lease Name: F6-16" Well #: Rect. 4012  
Field Name: Trunk F6-16" P/L  
Producing Formation: N/A  
Elevation: Ground: Surface Kelly Bushing: N/A  
Total Depth: 500' Plug Back Total Depth: N/A  
Amount of Surface Pipe Set and Cemented at 240'/240'\*\*\* Feet  
\*\*Cemented by The Loftis Co.  
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No  
If yes, show depth set N/A Feet  
If Alternate II completion, cement circulated from 0' (Surface)  
feet depth to 240' w/ 130 sx cmt.  
Portland Type I & II (Neat Mixture)

**Drilling Fluid Management Plan \*\*\***  
(Data must be collected from the Reserve Pit)  
Chloride content        ppm Fluid volume        bbls  
Dewatering method used        \*\*\*Please See  
Location of fluid disposal if hauled offsite: Form CDP-1 and  
Form CDP-4 Attached  
Operator Name:         
Lease Name:        License No.:         
Quarter        Sec.        Twp.        S. R.        ☐ East ☐ West  
County:        Docket No.:       

**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: Michael Loftis  
Title: Partner Date: 08/12/02  
Subscribed and sworn to before me this 12 day of August,  
2002.  
Notary Public: May 2  
Date Commission Expires: 10-11-02

**KCC Office Use ONLY**

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

Operator Name: CIG Field Services Lease Name: F6-16" Well #: Rect. 4012  
 Sec. 1 Twp. 24 S. R. 36 ☐ East ☒ West County: Kearney

**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:

AUG 19 2002  
KCC WICHITA

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

Name	Top	Datum
Caliche	00	
Sand & Gravel	25	
Blue Clay	205	
Gray Sandstone	225	
Blue Shale	245	
Hard Sandstone & Rock	325	
	500	Total Depth

CASING RECORD <input checked="" 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 Casing	12"	6.625"	3.535	240'	Portland	130	Portland
					Type I & II (Neat Mixture)		

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	N/A			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
N/A			

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

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

METHOD OF COMPLETION N/A

Production Interval

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled  
☐ Other (Specify) \_\_\_\_\_