

FORM MUST BE TYPED

SIDE ONE

30-25-41W
COPY

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

Operator: License # 5238Name: Petroleum, Inc.Address 301 N. Main, Suite 900
Wichita, KS 67202

City/State/Zip _____

Purchaser: N/AOperator Contact Person: R. G. JuliusPhone (316) 291-8281Contractor: Name: Murfin Drilling Co.License: 6033Wellsite Geologist: Tyler H. Sanders

Designate Type of Completion

☒ New Well ☐ Re-Entry ☐ Workover

☐ Oil ☐ SVD ☐ 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/SVD

☐ Plug Back ☐ PSTD

☐ Commingled ☐ Docket No. _____

☐ Dual Completion ☐ Docket No. _____

☐ Other (SVD or Inj?) ☐ Docket No. _____

3-22-93 4-2-93 4-2-93Spud Date 3-22-93 Date Reached TD 4-2-93 Completion Date 4-2-93API NO. 15- 075-20505
County Hamilton
NE NE NE Sec. 30 Twp. 25 Rge. 41 X W500 Feet from S/N (circle one) Line of Section450 Feet from E/W (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)Lease Name Gould Well # 2-30Field Name GouldProducing Formation D & AElevation: Ground 3590 KB 3598Total Depth 5640 PSTD _____Amount of Surface Pipe Set and Cemented at 775 FeetMultiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan 6-16-93
(Data must be collected from the Reserve Pit)Chloride content 6,000 ppm Fluid volume 5340 bblsDewatering method used Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W

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 Paul BrubakerTitle Clerical Supervisor-Production Date 6-11-93Subscribed and sworn to before me this 11th day of June, 19 93.Notary Public Sherry FraserDate Commission Expires March 20, 1994

SHERRY FRASER
NOTARY PUBLIC
STATE OF KANSAS

My Appl. Exp. 3-20-94RECEIVED
KANSAS CORPORATION COMMISSION

K.C.C. OFFICE USE ONLY

F ☐ Letter of Confidentiality Attached

C ☒ Wireline Log Received

C ☐ Geologist Report Received

Distribution

☒ KCC ☐ SVD/Rep ☐ Plug ☐ Other (Specify)

☒ KGS

WICHITA, KS

Form ACO-1 (7-91)

Operator Name Petroleum, Inc.Lease Name GouldWell # 2-30Sec. 30 Twp. 25 Rge. 41☐ East☒ WestCounty Hamilton

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

(Attach Additional Sheets.)

☒ Yes ☐ No

Samples Sent to Geological Survey

☒ Yes ☐ No

Cores Taken

☐ Yes ☒ No

Electric Log Run

(Submit Copy.)

☒ Yes ☐ No

List All E.Logs Run:

☐ Log

Formation (Top), Depth and Datum

☐ Sample

Name

Top

Datum

Copy of Geological Report enclosed

Copy of all Logs & DST Test enclosed

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	775	65/35 poz	275	3%((6%gel

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	Gravi

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) _____