

FORM MUST BE TYPED

SIDE ONE

8-26-14 COPY

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

Operator: License # 3180

Name: Deutsch Oil Company

Address 107 North Market - Suite 1115

City/State/Zip Wichita, Kansas 67202

Purchaser: _____

Operator Contact Person: Kent Deutsch

Phone (316) 267-7551

Contractor: Name: Duke Drilling Co., Inc.

License: 5929

Wellsite Geologist: _____

Designate Type of Completion

____ New Well Re-Entry ____ Workover

____ Oil ____ SWD ____ SIOV ____ Temp. Abd.

____ Gas ____ ENHR ____ SIGW

Dry ____ Other (Core, WSV, Expl., Cathodic, etc)

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

Operator: American Petroleum Co., Inc.

Well Name: Jorns #1

Comp. Date 05-23-80 Old Total Depth 4285'

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

____ Plug Back ____ PBDT

____ Commingled Docket No. _____

____ Dual Completion Docket No. _____

____ Other (SWD or Inj?) Docket No. _____

02-25-95 02-25-95 _____

Spud Date Date Reached TD Completion Date

API NO. 15- 151-21883-00-01

County Pratt County, Kansas

NW - SW - SW - _____ Sec. 8 Twp. 26S Rge. 11 _____
E
W

990 Feet from SW (circle one) Line of Section

330 Feet from E (circle one) Line of Section

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

Lease Name Jorns Well # 1-8 OWWO

Field Name _____

Producing Formation None

Elevation: Ground 1856 KB 1864

Total Depth 376' PBDT _____

Amount of Surface Pipe Set and Cemented at 236' 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 D&A JZ 9-13-95
(Data must be collected from the Reserve Pit)

Chloride content 0 ppm Fluid volume 0 bbls

Dewatering method used none

Location of fluid disposal if hauled offsite: _____

Operator Name N/A

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 [Signature]

Title Sole Owner Date 3-20-95

Subscribed and sworn to before me this 20th day of March

19 95
Notary Public [Signature]

Date Commission Expires 10-1-97

K.C.C. OFFICE USE ONLY		
F	____	Letter of Confidentiality Attached
C	____	Wireline Log Received
C	____	Geologist Report Received
Distribution		
<input checked="" type="checkbox"/>	KCC	____ SVD/Rep
<input checked="" type="checkbox"/>	KGS	____ Plug
<input checked="" type="checkbox"/>	NGPA	____ Other
(Specify)		

11-11-8

SIDE TWO

Operator Name Deutsch Oil Company

Lease Name Jorns

Well # 1-8 OWWO

Sec. 8 Twp. 26S Rge. 11

East
 West

County Pratt County, Kansas

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.)

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

List All E.Logs Run:

CASING RECORD <input 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
		8-5/8"		236'			

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			

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 Yes No

Date of First, Resumed Production, SWD or Inj. D&A Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil N/A Bbls. Gas N/A Mcf Water N/A Bbls. Gas-Oil Ratio Gravity

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 _____