

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

15-151-30091-00-02

Operator: License # 30481
Name: Apollo Energies, Inc.
Address: 10378 N. 281 HWY
City/State/Zip: Pratt, Kansas 67124

Purchaser: _____
Operator Contact Person: Jim Byers

Phone: (620) 672-9001

Contractor: Name: Company Rig

License: 30481

Wellsite Geologist: _____

Designate Type of Completion:

____ New Well ____ Re-Entry ____ Workover

☒ Oil ____ SWD ____ SLOW ____ Temp. Abd.

____ Gas ____ ENHR ____ SIGW

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

If Workover/Re-entry: Old Well Info as follows:

Operator: Apollo Energies, Inc.

Well Name: Sellen-4

Original Comp. Date: 4-13-66 Original Total Depth: 4400

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

☒ Plug Back 3930 Plug Back Total Depth

____ Commingled Docket No. _____

____ Dual Completion Docket No. _____

☒ Other (SWD or Enhr.?) Docket No. _____

Return to prod.

4-20-03

6-1999

Spud Date of 4-1966 Date Reached TD 4-20-03 Completion Date or
Recompletion Date 6-1999 Recompletion Date

API No. 15 - E-16,091 15-151-90373-0200

County: Pratt

C N/W S/W Sec. 3 Twp. 28 S. R. 11 ☐ East ☒ West

1980 feet from S N (circle one) Line of Section

4620 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Sellen Well #: 4

Operator Name: Cunningham

Producing Formation: LKC

Elevation: Ground: 1730 Kelly Bushing: 1738

Total Depth: 4398 Plug Back Total Depth: 3930 CIBP

Amount of Surface Pipe Set and Cemented at: 111 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set _____ Feet

If Alternate !! completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

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: [Signature]

Title: President Date: 4-21-2003

Subscribed and sworn to before me this 21 day of April

19 2003

Notary Public: [Signature]

Date Commission Expires: _____

NANCY E. HARREL
Notary Public - State of Kansas
My Appt. Expires 12-17-2006

KCC Office Use ONLY

____ Letter of Confidentiality Attached

____ If Denied, Yes ☐ Date: _____

____ Wireline Log Received

____ Geologist Report Received

____ UIC Distribution

Operator Name: Apollo Energies, Inc. Lease Name: Sellen Well #: 4
 Sec. 3 Twp. 28 S. R. 11 East West County: Pratt

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:

Log Formation (Top), Depth and Datum Sample
 Name LKC Top Datum
 3544

CASING RECORD

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		13 3/8		111	common	400sx	unknown
Prod.	7 7/8	4 1/2	9.5	4398	common	250sx	unknown

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	N/A			

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
	Open hole		

TUBING RECORD	Size	Set At	Packer At	Liner Run	Yes	No
	2 3/8	3520				
Date of First, Resumed Production, SWD or Enhr.	Producing Method					
4-21-2003	Flowing ☐ Pumping ☒ Gas Lift ☐ Other (Explain) ☐					
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	
	2	1	145		35	

Disposition of Gas METHOD OF COMPLETION Production Interval

☐ Vented ☐ Sold ☐ Used on Lease ☒ Open Hole ☐ Other (Specify) ☐ Perf. ☐ Dually Comp. ☐ Commingled

(If vented, Submit ACO-18.)