Purchaser: None

STATE CORPORATION COMMISSION OF KANSAS OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM

Name: ____Chance Drilling Co._____

CRAIG

City/State/Zip _Pratt, Kansas 67124___

Phone (_316_)_##### 672_76m3

5380

None

SWD ENHR

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

Deepening ____ Re-perf. __

Other (SWD or Inj?) Docket No.

10-5-93

__X__ New Well ____ Re-Entry ____ Workover

Comp. Date _____ Old Total Depth

Docket No.

Docket No.

Date Reached TD Completion Date

_ SIOW

SIGW

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

__ Conv. to Inj/SWD

_ Shut-in Oil Well

ACO-1 WELL HISTORY DESCRIPTION OF WELL AND LEASE

Operator: License # ____31311

Address __P.O. Box 383___

Contractor: Name: ___Eagle Drilling Co.

License:

Designate Type of Completion

Operator:

Well Name:

Plug Back

Spud Date

Commingled Dual Completion

Wellsite Geologist:

Gas

Dry

DE ONE	246960日	7
API NO. 15097-21	355-01-00	_
CountyKio	wa	
80'SSWSES	E Sec24 Twp28S Rge16X	
50 Feet	t from(\$/N (circle one) Line of Section	
990 Feet	t from E)W (circle one) Line of Section	
Footages Calculated NE, SE	from Nearest Outside Section Corner: NW or SW (circle one)	
Lease NameThorpe	eWell #1-24H	
Field NameWells	sford Extension	
	Mississippian	
Elevation: Ground	2099 · кв2112 ·	
Total Depth5910'	' (TVD 4691') PBTDTVD 4691'	
Amount of Surface Pi	ipe Set and Cemented at345 F	eet
Multiple Stage Cemen	nting Collar Used? YesX	No
If yes, show depth s	nting Collar Used? YesX F set F pletion, cement circulated from	eet
If yes, show depth s	set F	eet
If yes, show depth s If Alternate II comp feet depth to Drilling Fluid Manag	set F	eet
If yes, show depth s If Alternate II comp feet depth to Drilling Fluid Manag (Data must be collect	pletion, cement circulated fromsx c	mt.
If yes, show depth s If Alternate II comp feet depth to Drilling Fluid Manag (Data must be collect Chloride content	pletion, cement circulated from sx c gement Plan /- 24-94	mt.
If yes, show depth s If Alternate II comp feet depth to Drilling Fluid Manag (Data must be collect Chloride content Dewatering method us	pletion, cement circulated from	mt.
If yes, show depth s If Alternate II comp feet depth to Drilling Fluid Manag (Data must be collect Chloride content Dewatering method us Location of fluid di	pletion, cement circulated from w/ sx c gement Plan /-24-94 C/3 cted from the Reserve Pit) ppm Fluid volumeb sed	mt.
If yes, show depth s If Alternate II comp feet depth to Drilling Fluid Manag (Data must be collect Chloride content Dewatering method us Location of fluid di Operator Name	pletion, cement circulated from	mt.
If yes, show depth s If Alternate II comp feet depth to Drilling Fluid Manag (Data must be collect Chloride content Dewatering method us Location of fluid di Operator Name Lease Name	poletion, cement circulated from	mt.

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 <u>all</u> 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 y knowledge.

with and the statements herein are complete and correct to the best of m
Signature 2
Title #####OPERATION MGN. Date 12/2/93
Subscribed and sworn to before me this 944 day of Deember,
19 43. Notary Public April Mc Entar Sur
g cominging 5 - 97
JANET McENTARFER Notary Public - State of Kansas
My Appt. Expires Sept. 5, 1997

F Lette C Wirel	C. OFFICE USE ONL r of Confidential ine Log Received gist Report Recei	ity Attached	
KCC KGS	Distribution SWD/Rep Plug	NGPA Other	1

STATE CORPORATION COMMISSION Form ACO-1 (7-91) DEC 1 0 1993

3 - 16 W	1-2	یڈ		SIDE TWO					
Operator NameCh	anse Drilling	со		Lease N	аме	_Thorpe		Well #	1-24H
Sec24 Twp28s_		East West		County		_Kiowa			
INSTRUCTIONS: Show interval tested, time hydrostatic pressures if more space is need	e tool open a , bottom hole :	nd closed, temperature,	flowing ar	nd shut-in p	oressures,	whether shut	-in pre	ssure read	ched static lev
Drill Stem Tests Taken Yes (Attach Additional Sheets.)			X No		Log Formation (Top), Depth and Datums [X] Samp				
Samples Sent to Geolo	gical Survey	Yes [X No	Name			Тор		Datum
ores Taken	-	☐ Yes [x No	Missi	ssippian		TVD 468	31' (- 25	69)
lectric Log Run (Submit Copy.)		☐ Yes [x No			22			
ist All E.Logs Run:					1,0 189				
	None								
	Report al		G RECORD	New X		ate, product	ion, etc	:.	
Purpose of String	Size Hole Drilled	Size Ca Set (In		Weight Lbs./Ft.	Setti Depth	- 1	pe of ment	# Sacks Used	Type and Percer Additives
Surface	17 1/2	13 3/8	8	36.0	3451	40/60	Poz	350	CC 2.5%
Production	9 7/8	7 5/8	8	29.7	4865	40/60	Poz	215	CC .5% Gel .6%
	ADDITIONAL CO	EMENTING/SQU	EEZE RECOR	RD					
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Co	ement	#Sacks Used	3	Type and	Percent	Additive	s
	PERFORATION Pecify Footag					id, Fracture t and Kind o			ueeze Record Depth
TUBING RECORD	Size	Set At		Packer At	Liner	U ⋅	res X		
ate of First, Resume Shut- in Oil Well	d Production,	SWD or Inj.	Product	ing Method] _{Flowing} [Pumping	Gas Li	ft 🗆 oth	ner (Explain)
stimated Production Per 24 Hours	Oil	Bbls.	Gas				Sas-Oil		Gravity
sposition of Gas:	METHOD OF	COMPLETION				Production	Interva	L	