

**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 # 30128
Name: Kenneth S. White
Address: 260 N. Rock Road, Suite 240
City/State/Zip: Wichita, KS 67206
Purchaser: _____
Operator Contact Person: Kenneth S. White
Phone: (316) 618-9813
Contractor: Name: Murfin Drilling Co., Inc.
License: 30606
Wellsite Geologist: Tom Robinson

Designate Type of Completion:

☒ New Well ☐ Re-Entry ☐ Workover
☐ Oil ☐ SWD ☐ 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: _____
Original Comp. Date: _____ Original Total Depth: _____
☐ 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. _____

<u>4/4/01</u>	<u>4/14/01</u>	<u>4/15/01</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 187-209540000

County: Stanton
300' N & 75' W of
NW - SE - NW - Sec. 36 Twp. 29S R. 41 ☐ East ☒ West

1350 feet from S / (N) (circle one) Line of Section
1575 feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Cockrum Well #: 2

Field Name: Arroyo Southeast

Producing Formation: _____

Elevation: Ground: 3360 Kelly Bushing: 3369

Total Depth: 5675 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 1665 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 cmt.

Drilling Fluid Management Plan *P + A No 1 BH 7-11-02*
(Data must be collected from the Reserve Pit)

Chloride content 1300 ppm Fluid volume 1750 bbls

Dewatering method used evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name: JUN 18 2001

Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp. _____ 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.

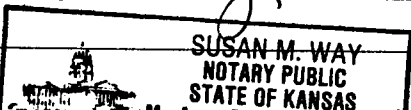
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Kenneth S. White
Title: Owner Date: 6/15/01

Subscribed and sworn to before me this 15th day of June, 2001

Notary Public: Susan M. Way

Date Commission Expires: _____



KCC Office Use ONLY

☒ Letter of Confidentiality Attached

If Denied, Yes ☐ Date: _____

☒ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

Operator Name: Kenneth S. White Lease Name: Cockrum Well #: 2
 Sec. 36 Twp. 29S S. R. 41 ☐ East ☒ West County: Stanton

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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Compensated Density/Neutron Dual Induction Sonic	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width: 100%;"> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> <tr> <td>Atoka Shale</td> <td>4900</td> <td>-1531</td> </tr> <tr> <td>Morrow</td> <td>5031</td> <td>-1658</td> </tr> <tr> <td>Lower Morrow Marker</td> <td>5364</td> <td>-1995</td> </tr> <tr> <td>Keyes Sand</td> <td>5463</td> <td>-2094</td> </tr> <tr> <td>Mississippi</td> <td>5468</td> <td>-2099</td> </tr> </table>	Name	Top	Datum	Atoka Shale	4900	-1531	Morrow	5031	-1658	Lower Morrow Marker	5364	-1995	Keyes Sand	5463	-2094	Mississippi	5468	-2099
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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
Surface	12-1/4"	8-5/8"	24#	1665	360 sx Midcon-2 w/ 1/4# Flocele	2 w/ 3% CC and 150 sx Premium Plus w/ 2% CC and 1/4# Flocele	

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				

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 Enhr.		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	Gravity

Disposition of Gas METHOD OF COMPLETION <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	Production Interval <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____
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