

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

Form AGC-1
September 1999
Form Must Be Typed

**WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Operator: License # 32611
 Name: Stevenson Operating, LLC
 Address: 13411 W. Pawnee
 City/State/Zip: Wichita, Kansas 67235
 Purchaser: Oneok
 Operator Contact Person: Mark P. Stevenson
 Phone: (316) 722-3701
 Contractor: Name: Pratt Well Service
 License: 5893
 Wellsite Geologist: Mark P. Stevenson
 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: G. N. Rupe
 Well Name: Kumberg B-1
 Original Comp. Date: 6-22-1973 Original Total Depth: 3931
 _____ Deepening _____ Re-perf. _____ Conv. to Enhr./SWD
 _____ Plug Back Removed B.P. _____ Plug Back Total Depth
☒ Commingled _____ Docket No. _____
 _____ Dual Completion _____ Docket No. _____
 _____ Other (SWD or Enhr.?) _____ Docket No. _____
 11-8-2000 _____ 11-13-2000 _____
 Spud Date or _____ Date Reached TD _____ Completion Date or
 Recompletion Date _____ Recompletion Date _____

API No. 15 - 007-20229-0002
 County: Barber
 _____ NW SW Sec. 14 Twp. 30 S. R. 12 ☐ East ☒ West
1980 feet from S / N (circle one) Line of Section
660 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Kumberg Unit Well #: B-1
 Field Name: _____
 Producing Formation: Indian Cave & Stotler (Rupe called Tarkio)
 Elevation: Ground: 1776 Kelly Bushing: 1781
 Total Depth: 3931 Plug Back Total Depth: 3385 (B.P.)
 Amount of Surface Pipe Set and Cemented at 330 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

(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: Mark P. Stevenson
 Title: OWNER / MANAGER Date: 5-15-03
 Subscribed and sworn to before me this 15 day of May
10 2003
 Notary Public: Kacy Scoggin
 Date Commission Expires: 7-15-2005

KCC Office Use ONLY

_____ Letter of Confidentiality Attached
 If Denied, Yes ☐ Date: _____
 _____ Wireline Log Received
 _____ Geologist Report Received
 _____ UIC Distribution

KACY SCOGGIN

Operator Name: Stevenson Operating, LLC Lease Name: Kumberg Unit Well #: B-1

Sec. 14 Twp. 30 S. R. 12 ☐ East ☒ West County: Barber

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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum Name Top Datum Indian Cave 2694 (-913) Stotler 2879 (-1098)	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Electric Log Run (Submit Copy)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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	# Sacjs Used	Type and Percent Additives
Surface	12.25"	8.625"	20	330	Common	250	3% CaCl, 2% ge
Production	7.875"	4.5"	10	3620	50/50 Poz.	300	Salt sat. 2% 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
4	2722-28 Indian Cave	440# sulfamic acid	
2	2893-97, 2900-02, 2907-10, 2920-26 Stotler	440# sulfamic acid	
	Bridge plug @ 3385		
4	3436-40 Elgin	500 gal. SME acid 15% MS	

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2.375"	4.7#	3330'		
Date of First, Resumerd Production, SWD or Enhr. 11-13-2000			Producing Method <input type="checkbox"/> Flowing <input checked="" 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	
		80	2			

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input checked="" type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	2722-28 2893-2926