

And

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

Form ACO-1
September 1999
Form Must Be Typed

copy

ORIGINAL

Operator: License # 32457
Name: ABERCROMBIE ENERGY, LLC
Address: 150 N. MAIN, SUITE 801
City/State/Zip: WICHITA, KS 67202
Purchaser: N/A
Operator Contact Person: STEVE FRANKAMP
Phone: (316) 262-1841
Contractor: Name: MALLARD JV, INC.
License: 4958

Wellsite Geologist: RICHARD S. DAVIS, JR.

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. _____

06-01-01 06-09-01 06-09-01

ud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 007-22654-0000

County: BARBER

SE SW NW Sec. 1 Twp. 31 S. R. 11 ☐ East ☒ West

2310 feet from S / (N) (circle one) Line of Section

990 feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE (NW) SW

Lease Name: HUDSON Well #: 1-1

Field Name: WILDCAT

Producing Formation: _____

Elevation: Ground: 1780' Kelly Bushing: 1785'

Total Depth: 4595' Plug Back Total Depth: 4595

Amount of Surface Pipe Set and Cemented at 261 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set _____ Feet

If Alternative II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan D&A JH 7/5/02
(Data must be collected from the Reserve Pit)

Chloride content 12,000 ppm Fluid volume 1,200 bbls

Dewatering method used Evaporation

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: Steve Frankamp

Title: Exec. Vice Pres. of Date: June 22, 2001

Abercrombie RTD, Inc., Manager

Subscribed and sworn to before me this 22nd day of June

2001

Notary Public: Deborah K. Ammerman

Date Commission Expires: March 1, 2004

KCC Office Use ONLY

☐ Letter of Confidentiality Attached

If Denied, Yes ☐ Date: _____

☒ Wireline Log Received

☒ Geologist Report Received

☐ UIC Distribution



DEBORAH K. AMMERMAN
Notary Public - State of Kansas
My Appt. Expires 3-1-2004

X

Operator Name: ABERCROMBIE ENERGY, LLC Lease Name: HUDSON Well #: 1-1
 Sec. 1 Twp. 31 S. R. 11 ☐ 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 ☒ 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:
Radiation Guard Log ✓

☒ Log Formation (Top), Depth and Datum ☐ Sample

Name Top Datum

Please see attached

CASING RECORD ☐ New ☐ 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"	20#	261'	60/40 Poz	250	2% Gel 3% CC

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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone		60/40 Poz	135	6% Gel

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
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Date of First, Resumed Production, SWD or Enhr.	Producing Method
<u>D & A</u>	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)

Estimated Production Per 24 Hours	Oil <u>N/A</u> Bbls.	Gas <u>N/A</u> Mcf	Water <u>N/A</u> Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas ☐ Vented ☐ Sold ☐ Used on Lease (If vented, Sumit ACO-18.)

METHOD OF COMPLETION ☐ Open Hole ☐ Perf. ☐ Quality Comp. ☐ Commingled

Production Interval ☐ Other (Specify) _____