

FORM MUST BE TYPED

SIDE ONE

25-325-12W

COPY

A

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 31432Name: Eugene ConnerAddress PO Box 1254City/State/Zip Bartlesville, OK 74005Purchaser: NCRA Western ResourcesOperator Contact Person: Eugene E. ConnerPhone (918) 534-0450Contractor: Name: Clarke Well ServiceLicense: 5105Wellsite Geologist: None w/oDesignate Type of Completion
New Well Re-Entry Workover

<u>Oil</u>	<u>SWD</u>	<u>SIDW</u>	<u>Temp. Abd.</u>
<input checked="" type="checkbox"/> <u>Gas</u>	<u>ENHR</u>	<u>SIGW</u>	
<u>Dry</u>	<u>Other (Core, WSW, Expl., Cathodic, etc)</u>		

If Workover/Reentry: Old Well Info as follows:

Operator: Eugene ConnerWell Name: Summers #1Comp. Date 85 Old Total Depth 3710'

<u>NA</u>	<u>Deepening</u>	<input checked="" type="checkbox"/> <u>Re-perf.</u>	<u>NO</u>	<u>Conv. to Inj/SWD</u>
<input checked="" type="checkbox"/> <u>Plug Back</u>				<u>PBTD</u>
<u>NO</u>	<u>Commingled</u>			<u>NA</u>
<u>NO</u>	<u>Dual Completion</u>		<u>Docket No.</u>	<u>NA</u>
<u>NO</u>	<u>Other (SWD or Inj?)</u>		<u>Docket No.</u>	<u>NA</u>

8-30-95 Date of Start Date Reached TD
OF WORKOVER 9-1-95 Completion Date of WORKOVER

API NO. 15- 007-22-140 0001

County Barber150¹-S CNW-SW Sec. 25 Twp. 32S Rge. 12 W E W1830 Feet from N (circle one) Line of Section4620 Feet from W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE, SE, NW or SW (circle one)

Summers

Lease Name _____ Well # 1Field Name Bloom-PalmerProducing Formation Old Douglas:New Snyderville

Elevation: Ground _____ KB _____

Total Depth 3710' PBTD 3593Amount of Surface Pipe Set and Cemented at 347' FeetMultiple Stage Cementing Collar Used? NO 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 REWORK 9/4 2-25-97
(Data must be collected from the Reserve Pft)Chloride content NA ppm Fluid volume _____ bblsDewatering method used NA RECEIVEDLocation of fluid disposal if hauled offsite: KANSAS CORPORATION COMMISSION

Cole Disposal

Operator Name _____ FEB 25 1997

Lease Name _____ License No. _____ CONSERVATION DIVISION

Quarter _____ Sec. _____ Twp. _____ S Rng. WICHITA E/WCounty Barber 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 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 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 Eugene ConnerTitle Owner Date 2-20-97Subscribed and sworn to before me this 20th day of February, 1997.No. / Public Sharon J FullerDate Commission Expires 12-1-97

K.C.C. OFFICE USE ONLY	
<input checked="" type="checkbox"/> F	Letter of Confidentiality Attached
<input checked="" type="checkbox"/> C	Wireline Log Received
<input checked="" type="checkbox"/> C	Geologist Report Received
Distribution	
<input checked="" type="checkbox"/> KCC	<input checked="" type="checkbox"/> SWD/Rep
<input checked="" type="checkbox"/> KGS	<input checked="" type="checkbox"/> Plug
<input checked="" type="checkbox"/> NGPA	
<input checked="" type="checkbox"/> Other (Specify)	

Y900

W-81-228-26

SIDE TWO

Operator Name

Eugene Connor

Lease Name

Summers

Well # 1

Sec. 25 Twp. 32S Rge. 12W

 East

County Barber

 West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken
(Attach Additional Sheets.)

Yes No

Log Formation (Top), Depth and Datums

Sample

Samples Sent to Geological Survey

Yes No

Name Top Datum

Cores Taken NA

Yes No

Electric Log Run
(Submit Copy.)

Yes No

List All E.Logs Run: NA

CASING RECORD							
<input type="checkbox"/> New <input type="checkbox"/> Used NA 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

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose: NA	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
4	3571 to 3575 & 3561 to 3563	400 GAL. 10% DSFF Acid	3563-71

TUBING RECORD	SIZE	SET AT	PACKER AT	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2 3/8	SN@3574	NA		

DATE OF FIRST, RESUMED PRODUCTION, SWD OR INJ.	Producing Method	<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
11-30-95		

ESTIMATED PRODUCTION PER 24 HOURS	OIL 1/2 BBLs.	Gas 12 Mcf D	Water 6 BBLs.	Gas-Oil Ratio	GRAVITY

Disposition of Gas:

METHOD OF COMPLETION

<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 type="checkbox"/> Commingled	Production Interval
	<input type="checkbox"/> Other (Specify) _____	_____