

34-328-21W

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

Operator: License # 5278

Name: Northern Natural Gas Co.

Address P.O. Box 668

City/State/Zip Ashland Kansas 67831

Purchaser:

Operator Contact Person: Alan LeClear

Phone (316) 635-2632

Contractor: Name: Cathodic Protection Services

License: 31474

Wellsite Geologist:

Designate Type of Completion

☒ New Well ☐ Re-Entry ☐ Workover

Oil SWD SIOW Temp. Abd.
Gas ENHR SIGW
Dry CPW Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator:

Well Name:

Comp. Date Old Total Depth

Deepening Re-perf. Conv. to Inj/SWD
Plug Back PSTD
Commingle Docket No.
Dual Completion Docket No.
Other (SWD or Inj?) Docket No.

3-30-95 3-31-95 3-31-95
Spud Date Date Reached TD Completion Date

API NO. 15- 025-211300000

County Clark

- S - E Sec. 34 Twp. 32 Rge. 21 X W

380' Feet from S (circle one) Line of Section

90' Feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Clark Co. #2 Well #

Field Name

Producing Formation

Elevation: Ground 1965 KB

Total Depth 190' PSTD

Amount of Surface Pipe Set and Cemented at 20 Feet

Multiple Stage Cementing Collar Used? Yes X 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 Rng. E/W

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 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 Alan LeClearTitle SR O&M Tech Date 2-3-97Subscribed and sworn to before me this 3rd day of Feb19 97Notary Public Coleen BrownDate Commission Expires 11-5-97

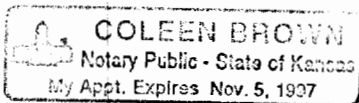
K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received

Distribution

☒ KCC ☐ SWD/Rep ☐ NGPA
☒ KGS ☐ Plug ☐ Other (Specify)

Form ACO-1 (7-91)



SIDE TWO

Operator Name Northern Natural Gas Co Lease Name Clark Co. #2 Well # _____Sec. 34 Twp. 32 Rge. 21 ☐ East ☒ West County Clark

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 ☐ Yes ☒ No
(Attach Additional Sheets.)Samples Sent to Geological Survey ☐ Yes ☒ NoCores Taken ☐ Yes ☒ NoElectric Log Run ☐ Yes ☒ No
(Submit Copy.)

List All E.Logs Run:

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

Name _____ Top _____ Datum _____

0-100 Feet Red Clay

100-155 White Clay

155-190 Red Clay

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 Casing	14"	8"	Sch. 40 PVC	20'	Neat Cement	27	None
1" vent casing	See Attach.						

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 ☐ Yes ☐ No
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Date of First, Resumed Production, SWD or Inj.	Producing Method ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas:

METHOD OF COMPLETION

Production Interval

☐ Vented ☐ Sold ☐ Used on Lease ☒ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled _____
(If vented, submit ACO-18.) ☐ Other (Specify) _____

*Pre-plugged @ 20-42' w/Bentate
DPW/KC*