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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm ACO-1
September 1999
FORM MUST BE TYPED

JML

COPY

SEP 27 2001

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

KCC WICHITA

Operator: License # 32384
 Name: Comanche Resources Company
 Address: 9520 N. May, Ste. 370
 City / State / Zip: Oklahoma City, OK 73120
 Purchaser: _____
 Operator Contact Person: Rachel Laubaugh
 Phone: 755-5900 x44
 Contractor: Name: H-40 Drilling Inc.
 License: 30692
 Wellsite Geologist: Padgett Mud Loggers
 Designate Type of Completion _____
☒ New Well Re-Entry Workover
☐ Oil ☐ SWD ☐ SLOW ☐ Temp. Abd.
☐ Gas ☐ ENHR ☒ SIGW
☒ Dry ☐ Other (Core, WSW, Expl., Cathodic, etc.)

KCC

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

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Well Name: _____

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Original Comp. Date: _____ Original Total Depth _____
☐ Deepening ☐ Re-Entry ☐ Conv. To Enhr./SWD
☐ Plug Back ☐ Plug Back Total Depth _____
☐ Commingled Docket No. _____
☐ Dual Completion Docket No. _____
☐ Other (SWD or Enhr.?) Docket No. _____

7/24/01 8/8/01 8/10/01
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15- 025-21228
 County: Clark County, Kansas
 _____ - C-SW 9E Sec. 14 Twp. 32 S. R. 23 ☐ East ☒ West
 _____ 660' feet from S / N (circle one) Line of Section
 _____ 1980' feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Rosemary Well #: 14-1
 Field Name: Wildcat
 Producing Formation Arbuckle
 Elevation: Ground: 2101' Kelly Bushing: 2113'
 Total Depth: 6675' Plug Back Total Depth: _____
 Amount of Surface Pipe set and Cement at 668' 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 and 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 the statements herein are complete and correct to the best of my knowledge.

Signature: Rachel Laubaugh
 Title: Production Assistant Date: 9-25-01
 Subscribed and sworn to before me this 25 day of September
2001
 Notary Public: Yanna Silbert
 Date Commission Expires: 11-6-03

KCC Office Use ONLY

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

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Operator Name: **Comanche Resources Co., LLC** Lease Name: **Rosemary** Well # **14-1**
 Sec. **14** Twp. **32** S. **23** R. ☐ East ☒ West County: **Clark County, Kansas**

INSTRUCTIONS: Show how important tops and base formations penetrated. Detail all cores. Report all final copies of drill stem tests giving tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressures reached static level, hydrostatic pressures, bottom 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 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: **Micro, Neutron Density,**
Array Induction **SEP 25 2001**

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

Name Top Datum

Red Bed 334'
Red Bed and Sands 687'
Red Bed 2090'
Lime and Shale 6675'
Rotary Total Depth 6675'

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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
Conductor		20"		60'	Grout	6 yds.	
Surface	12 1/4"	8 5/8"	24#	668'	65/35 Poz	420	6% gel, 12% ccl 1/4 FL, 2%cc
Production	7 7/8"	4 1/2"	11.6#	6675'	Class H ASC	275	5% Kolseal, 5% FL10

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: — Perforate — Protect Casing — Plug Back TD — Plug Off Zone	Depth Top Bottom	Type and Cement	#Sacks Used	Type and Percent Additives

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	6515-24'		
2	6468-6502'		

TUBING RECORD	Size 2 3/8" Set At 6511' Packer At 6610'	Liner Run Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Date of First, Resumed Production, SWD or Enhr.	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
Shut in Gas Well	
Estimated Production Per 24 Hours	Oil Bbls. Gas Mcf. Water Bbls. Gas-Oil Ratio Gravity

Disposition of Gas ☐ Vented ☐ Sold ☐ Used on Lease (If vented, Submit ACO-18.) ☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled _____
 METHOD OF COMPLETION _____
 Production Interval _____

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