

WELL COMPLETION OR RECOMPLETION FORM  
ACQ-1 WELL HISTORY

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Operator: License # .....5171.....
Name .....TXO Production Corp.....
Address .....155 N. Market, Suite 1000.....
.....
City/State/Zip .....Wichita, Kansas 67202.....
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Operator Contact Person ..... Doug Clark  
Phone ..... 316-269-7600

Contractor: License # ..... 6165 .....  
Name ..... FWA Drilling Co., Inc. ....

Wellsite Geologist..... Bill Stobbe  
Phone..... 316 722-9327

PURCHASER: Purchaser not yet determined

☒ New Well      ☐ Re-Entry      ☐ Workover

|                                         |                                                          |                                        |
|-----------------------------------------|----------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Oil            | <input type="checkbox"/> SWD                             | <input type="checkbox"/> Temp Abd      |
| <input checked="" type="checkbox"/> Gas | <input type="checkbox"/> Inj                             | <input type="checkbox"/> Delayed Comp. |
| <input type="checkbox"/> Dry            | <input type="checkbox"/> Other (Core, Water Supply etc.) |                                        |

If OWWO: old well info as follows:

Operator .....  
Well Name .....  
Comp. Date ..... Old Total Depth.....

**Drilling Method:**

\* ☒ Mud Rotary ☐ Air Rotary ☐ Cable

|           |                 |                 |
|-----------|-----------------|-----------------|
| 12-31-85  | 1-8-86          | 1-18-86         |
| .....     | .....           | .....           |
| Spud Date | Date Reached TD | Completion Date |

|             |       |
|-------------|-------|
| 4850'       | 4830' |
| .....       | ..... |
| Total Depth | PBTD  |

8-5/8" @ 1107'  
Amount of Surface Pipe Set and Cemented at.....feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No  
If yes, show depth set.....feet

If alternate 2 completion, cement circulated N/A  
from.....feet depth to.....w/.....SX cmt

API NO. 15-.....007-22,120.....

County.....Barber.....

SE NW SE/4 ..... Sec. 35. Twp. 33S Rge. 14W ☐ East  
..... ☒ West

...1550... Ft North from Southeast Corner of Section  
...1650... Ft West from Southeast Corner of Section

(Note: Locate well in section plat below)

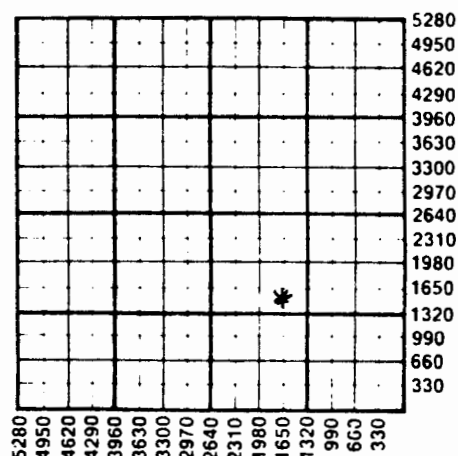
Lease Name.....LeRoy Cattle Company.....Well #.....1.....

Field Name.....Aetna

Producing Formation.....Mississippi.....

Elevation: Ground.....1739'.....KB.....1750'

## Section Plat



## WATER SUPPLY INFORMATION

Source of Water: \_\_\_\_\_  
Division of Water Resources Permit # .....

Groundwater.....Ft North from Southeast Corner  
(Well) .....Ft West from Southeast Corner of  
Sec Twp Rge ☐ East ☐ West

☐ Surface Water.....Ft North from Southeast Corner  
(Stream,pond etc).....Ft West from Southeast Corner  
Sec      Twp      Rge    ☐ East   ☐ West

☐ Other (explain) .....  
(purchased from city, R.W.D.#)

Disposition of Produced Water: ☐ Disposal  
☐ Repressuring

Docket # .....None.....

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rule 82-3-130 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 drillers time log shall be attached with this form. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.