

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5263  
Name: Midwestern Exploration Co.  
Address: 3500 S. Boulevard, Suite 2B  
City/State/Zip: Edmond, OK 73013  
Purchaser: OneOk  
Operator Contact Person: Dale J. Lollar  
Phone: (405) 340-4300  
Contractor: Name: Cheyenne Drilling Co.  
License: 5382  
Wellsite Geologist: \_\_\_\_\_

Designate Type of Completion:

☒ New Well ☐ Re-Entry ☐ Workover  
☐ Oil ☐ SWD ☐ SLOW ☐ Temp. Abd.  
☒ Gas ☐ ENHR ☐ SIGW  
☐ Dry ☐ Other (Core, WSW, Expl., Cathodic, etc)

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

Operator: NA  
Well Name: NA

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. \_\_\_\_\_

01/25/02 02/04/02 03/14/02  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 175-218660000  
County: Seward  
NW 4 NE 4 Sec. 10 Twp. 33 S. R. 32 ☐ 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: City of Liberal Well #: 2-10  
Field Name: Fedder Southwest

Producing Formation: Morrow

Elevation: Ground: 2791 Kelly Bushing: 2804

Total Depth: 6055 Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at 1590-1509 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set NA Feet

If Alternate II completion, cement circulated from NA

feet depth to NA w/ \_\_\_\_\_ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content 2200 ppm Fluid volume \_\_\_\_\_ bbls

Dewatering method used Evaporation to atmosphere

Location of fluid disposal if hauled offsite: NA

Operator Name: NA

Lease Name: NA License No.: NA

Quarter -- Sec. -- Twp. -- S. R. -- East West

County: NA Docket No.: NA

**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: Dale J. Lollar

Title: President Date: 05/24/02

Subscribed and sworn to before me this 24 day of May

2002 Notary Public: Virginia Means

Date Commission Expires: July 12, 2005

KCC Office Use ONLY

Deny Letter of Confidentiality Attached DPW

If Denied, Yes ☒ Date: 06-04-02 (initials)

Wireline Log Received

Geologist Report Received

UIC Distribution

Side Two

Operator Name: Midwestern Exploration Co. Lease Name: City of Liberal Well #: 2-10  
 Sec. 10 Twp. 33 S. R. 32 East West County: Seward

**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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum Name Top Datum Chase Herrington 2625 +178 Base Heebner 4290 -1487 Toronto 4312 -1509 Lansing 4436 -1633 Morrow Shale 5586 -2783 Miss. Chester 5808 -3005 Ste. Genevieve 5970 -3167
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List All E. Logs Run:		
GR/SP - DIL GR - CND GR - MICROLOG		

CASING RECORD <input checked="" 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
Surface	12 3/4	8 5/8	24	1509	A-CON	505	3%CC-1/4#Flocele
Production	7 7/8	4 1/2	10.5	6047	AAZ	190	10% salt - 0.5% fluid loss

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				None
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				None

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 SPF	5702-5722	Acid/1000 gal 7.5%	
		Frac/273 bbls 65% N <sub>2</sub> x 230 sx	
		20/40 SN + 30 sx 12/20 SN	
TUBING RECORD	Size Set At 2 3/8 5699 SN	Packer At ---	Liner Run Yes <input checked="" type="checkbox"/> No
Date of <input checked="" type="checkbox"/> First, <input type="checkbox"/> Resumed Production, SWD or Enhr. 05/14/02	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls. 0	Gas Mcf 750	Water Bbls. 2
			Gas-Oil Ratio ---
			Gravity 0.6397

Disposition of Gas: ☐ Vented ☒ Sold ☐ Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION: ☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled NA

Production Interval: ☐ Other (Specify) \_\_\_\_\_