

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 3532
Name: CMX, Inc.
Address: 150 North Main - Suite 1026
City/State/Zip: Wichita, Kansas 67202
Purchaser: _____
Operator Contact Person: Douglas McGinness II
Phone: (316) 269-9052
Contractor: Name: Duke Drilling Co., Inc.
License: 5929

Vellsite Geologist: _____
Designate Type of Completion: _____
____ New Well ☒ Re-Entry ☒ Workover _____
____ Oil _____ SWD _____ SIOW _____ Temp. A _____
☒ Gas _____ ENHR _____ SIGW _____
____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc) _____

Workover/Re-entry: Old Well Info as follows:
Operator: Petroleum, Inc.

Vell Name: Sterling "D" #1 Twin

Original Comp. Date: 2/23/67 Original Total Depth: 5436'

____ 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. _____

01-14-03 01-15-03 2/13/03
Spud Date or Date Reached TD Completion Date or
Recompletion Date

API No. 15 - 007-20005-00-01

County: Barber County, Kansas

SE SE Sec. 27 Twp. 34 S. R. 13 ☐ East ☒ West

460 feet from S N (circle one) Line of Section

660 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) .NE SE NW SW

Lease Name: Mash Unit "OWWO" Well #: 1

Field Name: Elwood

Producing Formation: Hertha (?)

Elevation: Ground: 1480' Kelly Bushing: 1491'

Total Depth: 4885' Plug Back Total Depth: 4815'

Amount of Surface Pipe existing at 290 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 80 bbls

Dewatering method used hauling off

Location of fluid disposal if hauled offsite:

Operator Name: McGinness Oil Co. of KS, Inc

Lease Name: Lohmann License No.: 31881

Quarter _____ Sec. 3 Twp. 35 S. R. 12 ☐ East ☒ West

County: Barber Docket No.: CD-4812

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.

I requiremets 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: _____

Title: President Date: 7/22/03

Subscribed and sworn to before me this 22nd day of July

2003

Notary Public: Donna L. May-Murray

Notary Commission Expires: 2/7/04

KCC Office Use ONLY

☒ Letter of Confidentiality Attached

If Denied, Yes ☐ Date: _____

Wireline Log Received ☒

Geologist Report Received ☒

JIC Distribution

DONNA L. MAY-MURRAY
Notary Public - State of Kansas
My Appt. Expires 2/7/04

Operator Name: **CMX, Inc.** Lease Name: **Mash Unit "OWO"** Well #: **1**
Sec. **27** Twp. **34** S. R. **15** ☐ East ☒ West County: **Barber County, Kansas**

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)

☐ Yes ☒ No

Samples Sent to Geological Survey

☐ Yes ☒ No

Cores Taken

☐ Yes ☒ No

Electric Log Run

☒ Yes ☐ No

(Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum

☐ Sample

Name

Top

Datum

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	# Sacs Used	Type and Percent Additives
existing Surface		8-5/8"		290'			
Production	7-7/8"	4-1/2"	10.5#	4815'	50/50 Poz	300	

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				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> 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
2	4550-62	1500 gallons	

BING RECORD	Size 2 3/8	Set At 4553	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Start of First, Resumed Production, SWD or Enhr.	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity
		TSTM	150	

Position of Gas

METHOD OF COMPLETION

Production Interval

Intended ☐ Sold ☐ Used on Lease
(If vented, Submit ACO-18.)

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled
☐ Other (Specify)