

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

Operator: License # 3795

Name: THE SOUTH FORTY, INC.

Address R R #1

P. O. BOX 118

City/State/Zip LAVERNE, OK 73848

Purchaser: _____

Operator Contact Person: ALLEN BARRY

Phone (405) 921-3366

Contractor: Name: DIAMOND D TRUCKING INC.

License: 3760

Wellsite Geologist: _____

Designate Type of Completion

☒ New Well ☐ Re-Entry ☐ Workover

☐ Oil ☐ SWD ☐ SIOW ☐ Temp. Abd.

☒ Gas ☐ ENHR ☐ SIGW

☐ Dry ☐ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

☐ Deepening ☐ Re-perf. ☐ Conv. to Inj/SWD

☐ Plug Back ☐ PBTD

☐ Commingled ☐ Docket No. _____

☐ Dual Completion ☐ Docket No. _____

☐ Other (SWD or Inj?) Docket No. _____

4-30-90 5-15-90 6-22-90

Spud Date Date Reached TD Completion Date

API NO. 15- 119-20,811

County MEADE

SE-SW-SW Sec. 20 Twp. 34 Rge. 27 XX ^E_W

330 Feet from S/W (circle one) Line of Section

4291 Feet from E/W (circle one) Line of Section

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

Lease Name BARBY Well # 2-20-B

Field Name JOHAN

Producing Formation COUNCIL GROVE

Elevation: Ground 2301 gr KB

Total Depth 3264 PBTD 3263

Amount of Surface Pipe Set and Cemented at 817 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 cnt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit) 7-21-93

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, 200 Colorado Derby Building, 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 G. F. Galt

Title AGENT Date 1-10-92

Subscribed and sworn to before me this 10 day of JANUARY, 1992.

Notary Public Teresa Kastner

Date Commission Expires 12-4-95

TERESA KASTNER
NOTARY PUBLIC
STATE OF KANSAS

CONSERVATION DIVISION OFFICE USE ONLY	
<input checked="" type="checkbox"/> Letter of Confidentiality Attached	
<input checked="" type="checkbox"/> Wireline Log Received	
<input checked="" type="checkbox"/> Geologist Report Received	
Distribution	
<input checked="" type="checkbox"/> KCC	<input type="checkbox"/> SWD/Rep
<input checked="" type="checkbox"/> KGS	<input type="checkbox"/> Plug
	<input type="checkbox"/> NGPA
	<input checked="" type="checkbox"/> Other (Specify)

Operator Name THE SOUTH FORTY, INC. Lease Name BARBY Well # 2-20-B
 Sec. 20 Twp. 34S Rge. 27 ☐ East ☒ West
 County MEADE

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 set if more space is needed. Attach copy of log.

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:

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

Name	Top	Datum
KRIDER	2584	-275
COUNCIL GROVE	2871	-562

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
CONDUCTOR	17 1/2	13 3/8	64	159	COMMON	30	
SURFACE	12 1/4	8 5/8	24	817	COMMON	300	
PRODUCTION	7 7/8	4 1/2	9.5	3263	COMMON	150	

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	3144-3194 OA	600 gal 15% hcc	

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2 3/8	3230			
Date of First, Resumed Production, SWD or Inj.		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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		1000			

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

METHOD OF COMPLETION ☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled ☐ Other (Specify) _____

Production in gal _____