

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 # 32953
Name: ANR PIPELINE COMPANY
Address: 2135 11th Road
City/State/Zip: Alden Kansas 67512
Purchaser: _____
Operator Contact Person: Gary Goad
Phone: (620) 534-2730
Contractor: Name: C.P. DRILING
License: 32525

RECEIVED

OCT 31 2003

Wellsite Geologist: _____

Designate Type of Completion:

KCC WICHITA

____ 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: _____

Well Name: _____

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. _____

05-17-02 05-19-02

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 119-21086-00-00

County: Meade

____ nw ____ sw ____ Sec. 5 Twp. 34 S. R. 28 ☐ East ☒ West

928 feet from S / N (circle one) Line of Section

165 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SF NW SW

Lease Name: M.P. 74.0 Well #: 3

Field Name: Trunk 100

Producing Formation: None-Corrosion well

Elevation: Ground: 2400 Kelly Bushing: _____

Total Depth: 80 Plug Back Total Depth: 20

Amount of Surface Pipe Set and Cemented at 20 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 20

feet depth to surface w/ 15 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume 35 bbls

Dewatering method used Vacuum truck

Location of fluid disposal if hauled offsite:

Operator Name: General Inc.

Lease Name: Northwest #1 License No.: OCC 23084

Quarter se Sec. 2 Twp. 4 S. R. 28 ☒ East ☐ West

County: Beaver 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, 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: [Signature]

Title: Operations Supervisor Date: 10-28-03

Subscribed and sworn to before me this 28th day of October

20 03

Notary Public: [Signature]

Date Commission Expires: _____



KCC Office Use ONLY

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

Operator Name: **ANR PIPELINE COMPANY**Lease Name: **M.P. 74.0**Well #: **3**Sec. **5** Twp. **34** S. R. **28** ☐ East ☒ West County: **Meade**

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 ☐ 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

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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	# Sacjs Used	Type and Percent Additives
Corrosion well	15	8	Sch. 40	20	Neet	15	none

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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

TUBING RECORD	Size	Set At	Packer At	Liner Run ☐ Yes ☐ No
Date of First, Resumerd Production, SWD or Enhr.	Producing Method ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas

METHOD OF COMPLETION

Production Interval

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

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