

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form AC04  
September 1999  
Form Must Be Typed

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Operator: License # 5011  
Name: Viking Resources, Inc.  
Address: 105 S. Broadway Ste 1040  
City/State/Zip: Wichita, KS 67202  
Purchaser: Seminole Gathering  
Operator Contact Person: Jim Devlin  
Phone: (316) 262-2502  
Contractor: Name: Murfin Drilling Inc.  
License: 30606  
Wellsite Geologist: Robert Petersen

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: \_\_\_\_\_

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. \_\_\_\_\_

3/31/01 4/6/01 4/6/01

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

API No. 15 - 15065228160000

County: Graham

SE SW NE Sec. 13 Twp. 6 S. R. 21 ☐ East ☒ West

2970 feet from (S) N (circle one) Line of Section

1680 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE (SE) NW SW

Lease Name: Barber Well #: B-1

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: 2231 Kelly Bushing: 2236

Total Depth: 3837 Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at 219 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 1000 bbls

Dewatering method used evaporate

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West

County: \_\_\_\_\_ 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: Vice President Date: 5/2/02

Subscribed and sworn to before me this 2nd day of May

10 2002

Notary Public: [Signature]

Date Commissioned: PAULA R. DUNAGAN 2, 2005

**KCC Office Use ONLY**

Letter of Confidentiality Attached

If Denied, Yes ☐ Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

Operator Name: Viking Resources, Inc. Lease Name: Barber Well #: B-1  
 Sec. 13 Twp. 6 S. R. 21 ☐ East ☒ West County: Graham

**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<br>(Attach Additional Sheets) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Log | Formation (Top), Depth and Datum | <input checked="" type="checkbox"/> Sample |
| Samples Sent to Geological Survey                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Name                         | Top                              | Datum                                      |
| Cores Taken  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Anhydrite                    | 1843                             | +393                                       |
| Electric Log Run<br>(Submit Copy)                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | B Anhydrite                  | 1877                             | +359                                       |
| List All E. Logs Run:                                |   | Topeka                       | 3251                             | -1015                                      |
| Radiation Guard                                      |   | LKC                          | 3494                             | -1258                                      |
| Sonic  |   | BKC                          | 3687                             | -1451                                      |

| CASING RECORD <input type="checkbox"/> New <input checked="" 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   | 12-1/4            | 8-7/8                     |                   | 220-219       | Common         | 160          | 2% gel 3%cc                |
|   |                   |                           |                   |               |                |              |                            |
|   |                   |                           |                   |               |                |              |                            |

| 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<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br>(Amount and Kind of Material Used) | Depth |
|----------------|---|---|-------|
|                |   |   |       |
|                |   |   |       |
|                |   |   |       |
|                |   |   |       |
|                |   |   |       |

| TUBING RECORD                                   |           | Size   | Set At      | Packer At     | Liner Run   |
|---|-----------|--|-------------|---------------|---|
|   |           |  |             |               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date of First, Resumed Production, SWD or Enhr. |           | Producing Method   |             |               |   |
|   |           | <input 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   |

| Disposition of Gas   | METHOD OF COMPLETION  | Production Interval |
|--|---|---------------------|
| <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br>(If vented, Sumit ACO-18.) | <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><input type="checkbox"/> Other (Specify) |                     |