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

Operator: License # 4197
Name: DUNNE OIL COMPANY
Address 100 S. MAIN
SUITE 410
City/State/Zip WICHITA, KS 67202

Purchaser: _____
Operator Contact Person: STEVE DUNNE
Phone (316) 267-3448
Contractor: Name: MURFIN DRILLING CO.
License: 30606

Wellsite Geologist: STEVE DUNNE
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: Oil well info as follows:
Operator: PATRICK PETROLEUM CORP.
Well Name: ELLIOTT #2
Comp. Date 2/15/77 Old Total Depth 3950
 Deepening Re-Perf. Conv. to Inj/SWD
 Plug Back PBD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. E-27,475
7/5/97 7/6/97 11/17/97
Spud Date of REENTRY Date Reached TD Completion Date

COPY

API NO. 15- 065-20,888-0001
County GRAHAM
SE - SW - NE - _____ Sec. 31 Twp. 6 Rge. 23 E W
2970 Feet from (S) (circle one) Line of Section
1650 Feet from (E) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(SE) NE, (circle one)
Lease Name ELLIOTT Well # 2 WIW
Field Name WHITE NW
REPRESSURED
~~Secondary~~ Formation L-KC
Elevation: Ground 2475 KB 2480
Total Depth 3950 PBD 3902
Amount of Surface Pipe Set and Cemented at 305 Feet
Multiple State Cementing Collar Used? Yes No
If yes, show depth set 2183 Feet
If Alternate II completion, cement circulated from 2183
feet depth to SURFACE w/ 375 sx cmt.

Drilling Fluid Management Plan REENTRY JH 12-27-97
(Data must be collected from the Reserve Pit)
Chloride content 1500 ppm Fluid Volume 1400 bbls
Dewatering method used ALLOWED TO DRY
Location of fluid disposal if hauled offsite:
Operator Name _____
Lease Name _____
_____ Quarter Sec. _____ Twp. _____ Rng. _____ W
County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 South 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 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 geological 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 Thomas Larson
Title AGENT Date 11/24/97

Subscribed and sworn to before me this 24 day of NOVEMBER,
1997.
Notary Public Carol S. Larson

Date Commission Expires June 25, 2001

CAROL S. LARSON
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 6-05-2001

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

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Operator Name DUNNE OIL COMPANY Lease Name ELLIOTT Well # 2 WIW
 Sec. 31 Twp. 6 Rge. 23 East West
 County GRAHAM

Instructions: Show important tops and base of formation 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 sheet if more space is needed. Attach copy of log.

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 Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ANHYDRITE	2155	+325
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	BASE ANHYDRITE	2189	+291
List All E. Logs Run: RAG		HEEBNER	3702	-1222
		LANSING	3726	-1246
		BASE KC	3930	-1450
		RTD	3950	-1470
		LTD	3949	-1469

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	8-5/8	UNKNOWN	305	50/50 POZ	275	2% GEL, 3% CC
PRODUCTION	7-7/8	5-1/2	14	3942	ASC	175	10% SALT
INJECTION		2-3/8	4.7	3846.49			

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	2183-SURF	60/40 POZ	375	6% GEL, 1/4# FLOCELE

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	3887-93	500 GAL 15% SCA	3887-93

TUBING RECORD Size 2-3/8 SEAL-TITE Set At 3846.49 Packer At 3842.29 Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. ON APPROVAL _____ 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: Vented Sold Used on Lease (If vented, submit ACO-18). METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____ Production Interval 3887-93