

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

COPY

Operator: License # 9354

Name: Central Energy Corp

Address P.O. Box 47590

City/State/Zip Wichita, Ks 67201

Purchaser: _____

Operator Contact Person: Gary Poltera

Phone (316) 267-0707

Contractor: Name: White & Ellis Drilling, Inc.

License: 5420

Wellsite Geologist: Jon T. Williams

Designate Type of Completion

☒ New Well ☐ Re-Entry ☐ Workover

☐ Oil ☐ SWD ☐ SIOV ☐ Temp. Abd.

☐ Gas ☐ ENHR ☐ SIGW

☒ Dry ☐ Other (Core, MSW, 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 ☐ PSTD

☐ Commingled ☐ Docket No. _____

☐ Dual Completion ☐ Docket No. _____

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

6-22-90 6-27-90 6-28-90

Spud Date Date Reached TD Completion Date

API NO. 15- 065-22,580

County Graham

SW - NW - NW - Sec. 9 Twp. 7S Rge. 22 X E

990' Feet from S (N) (circle one) Line of Section

330' 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 Otoe Bank Well # 1

Field Name Wildcat

Producing Formation _____

Elevation: Ground 2297 KB 2302

Total Depth 3849 PSTD _____

Amount of Surface Pipe Set and Cemented at 299 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) AIT-D 120

Chloride content _____ ppm Fluid volume _____ bbls

Filtering 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.

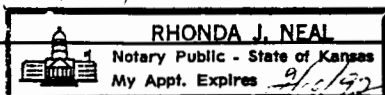
Signature [Signature]

Title Production Supervisor Date 8Jan92

Subscribed and sworn to before me this 8th day of January, 19 92.

Notary Public [Signature]

Date Commission Expires _____



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

Drill Stem Tests Taken (Attach Additional Sheets.)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<input 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	Heebner	3507	-1205
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Lansing	3550	-1248
			Base KC	3739	-1437

List All E.Logs Run:
R.A. Guard

☒ New ☐ Used

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 $\frac{1}{4}$	8 5/8	28#	299	60/40 pos.	180	2% gel 3%cr

Purpose:	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
<input type="checkbox"/> Perforate					
<input type="checkbox"/> Protect Casing					
<input type="checkbox"/> Plug Back TD					
<input type="checkbox"/> Plug Off Zone					

Shots Per Foot	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth

☐ Yes ☐ No

Date of First, Resumed Production, SWD or Inj. _____ Producing Method ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Production Interval

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

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