

NY NO. 15-.065-22,390.

County.....Graham.....

SE.. NW.. SE.. Sec. 35. Twp 9S.. Rgo. 25.. W ~~X~~ West

..1650... Ft North from Southeast Corner of Section
 ..1650... Ft West from Southeast Corner of Section
 (Note: Locate well in section plat below)

Lease Name.....Dreiling.....Well #.....1..

Field Name.....

Producing Formation.....None.....

Elevation: Ground.....2529.....KB.....2534.....

Operator Contact Person ...Wm...Todd Seymour
Phone ...316.681.3921.....

Ine:

Wellsite Geologist...Wm...Todd...Seymour.....
Phone.....316.681.3921.....

Designate Type of Completion

X New Well	Re-Entry	Workover
------------	----------	----------

☒ Gas	☐ SWD	☐ Temp Abd
☐ Dry	☐ Inj	☐ Delayed Comp.
	☐ Other (Core, Water Supply etc.)	

If OMHO: old well Info as follows:

Operator

Wolf Name

Comp. DateOld Total Depth.....

WELL HISTORY

Drilling Method:

	Mud Rotary	Air Rotary	Cable
1. Initial Investment	1000000	1000000	1000000
2. Operating Costs	1000000	1000000	1000000
3. Production	1000000	1000000	1000000
4. Net Present Value	1000000	1000000	1000000

6/29/87... 7/5/87... 7/5/87...

Spud Date	Date Reached TD	Completion Date
-----------	-----------------	-----------------

4046

Total Depth	PBTD
100	100
200	200
300	300
400	400
500	500
600	600
700	700
800	800
900	900
1000	1000

Amount of Surface Pipe Set and Cemented at 252 feet

Multiple Stago Cementing Collar Used? Yes ☒ No ☐

If yes, show depth set.....feet

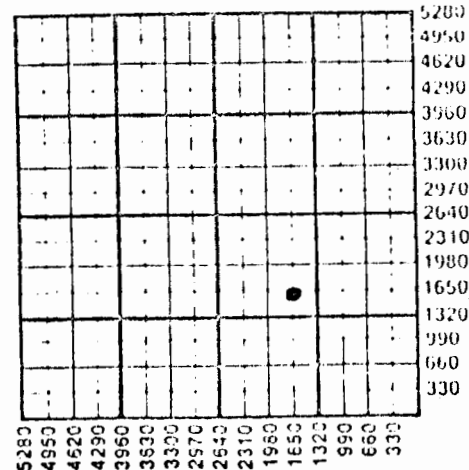
If alternate 2 completion, cement circulated
from.....LB.....feet depth to.....257.....w/.....135sx cement

Cement Company NameHalliburton.....

Invoice # N/B

1. *Journal of the American Medical Association*, 2000; 284: 2689-2695.

Section Plot



WATER SUPPLY INFORMATION

Disposition of Produced Water: _____ Disposal
Docket # Repressuring

Questions on this portion of the ACO-1 call:

Water Resources Board (913) 296-3717

Source of Water:

Division of Water Resources Permit #.....

Groundwater.....Ft North from Southeast Corner
(Well)Ft West from Southeast Corner of
Soc Twp Rge East West

Surface Water.....Ft North from Southeast Corner
(Stream,pond etc).....Ft West from Southeast Corner

Sec	Tw	Rge	East	West
-----	----	-----	------	------

X Other (explain). Steve Rohleder
BOX 86 • Molland, Kansas
(purchased from city, R.W.D. #)

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Dorby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rule 82-3-130 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 drillers time log shall be attached with this form. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

SIDE TWO

Operator Name Arrowhead Petroleum, Inc. Lease Name Drilling Well #. 1

Sec. 35 Twp. 9S Rgo. 25W ☐ East ☒ West County Graham

WELL LOG

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

Drill Stem Tests Taken ☒ Yes ☐ No
 Samples Sent to Geological Survey ☐ Yes ☒ No
 Cores Taken ☐ Yes ☒ No

Formation Description
☐ Log ☒ Sample

DST#1 3975-4000
 30"-30"-30"-30"
 WB Died 9"
 IFP 17-17
 ICIP 37
 FFP 21-21
 FCIP 29 Rec. 1' Mud W/Scum Oil
 DST#2 3996-4046 30-30-30-30
 WB Died 1 Min
 IFP 45-45
 ICIP 58
 FCIP 45 Rec 5' mud

Name	Top	Bottom
Anhydrite	2165	+369
Base Anhy.	2203	+331
Heebner	3787	(-1253)
Toronto	3810	(-1276)
Lansing	3826	(-1292)
RTD	4046	(-1512)

CASING RECORD ☐ Now ☐ 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 3/8	20#	252'	60-40 Poz	2 1/2	1.3% ac1
						165 9x	

PERFORATION RECORD

Shots Per Foot	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