Kansas Corporation Commission Oil & Gas Conservation Division

Form ACO-1 September 1999 Form Must Be Typed

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 7030	API No. 15 - 053-21116-0000
Name: John Roy Evans	County: Ellsworth
Address: P.O. Box 385	SESWSwSec28 Twp17 S. R10
City/State/Zip: Claflin, Kansas 67525-0385	feet from / N (circle one) Line of Section
Purchaser:	feet from (E) / W (circle one) Line of Section
Operator Contact Person: John Roy Evans	Footages Calculated from Nearest Outside Section Corner:
Phone: (620) 587-3565	(circle one) NE SE NW (SW)
Phone: (1020) 387-3965 Contractor: Name: Vonfeldt Drilling, Inc. RECEIVED	Lease Name: Peterman Well #: 3
License: 9431 NOV 0 7 2003	Field Name: Bloomer
Wallaisa Castasias. URII WUSUIUVU	Producing Formation: Arbuck/e
Designate Type of Completion: KCC WICHITA	Elevation: Ground: 1798 Kelly Bushing: 1803
New Well Re-Entry Workover	Total Depth: 3345 Plug Back Total Depth:
OilSWDSIOWTemp. Abd.	Amount of Surface Pipe Set and Cemented at 306 / Feet
Gas ENHR SIGW	Multiple Stage Cementing Collar Used?
Dry Other (Core, WSW, Expl., Cathodic, etc)	If yes, show depth setFeet
If Workover/Re-entry: Old Well Info as follows:	If Alternate II completion, cement circulated from
Operator:	feet depth tosx cmt.
Well Name:	Drilling Fluid Management Plan Ald / Com 11 · 13 · Co
Original Comp. Date:Original Total Depth:	Drilling Fluid Management Plan All / Com // 13. Com (Data must be collected from the Reserve Pit)
Deepening Re-perf Conv. to Enhr./SWD	Chloride content 38000 ppm Fluid volume 360 bbls
Plug BackPlug Back Total Depth	Dewatering method used Allow to dry and backfill
Commingled Docket No.	
Dual Completion Docket No	Location of fluid disposal if hauled offsite: Operator Name: Bob's Oil Service INC
Other (SWD or Enhr.?) Docket No	
10-3-03 10-9-03 10-9-03	Lease Name: SICKEY S. WD License No.:
Spud Date or Date Reached TD Completion Date or	Quarter 35 Sec. 195 Twp. S. R. // East > West
Recompletion Date Recompletion Date	County: BARTON Docket No.: D16497
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas 67202, within 120 days of the spud date, recompletion, workover Information of side two of this form will be held confidential for a period of 12 107 for confidentiality in excess of 12 months). One copy of all wireline logs a TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells.	or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. months if requested in writing and submitted with the form (see rule 82-3-nd geologist well report shall be attached with this form. ALL CEMENTING
All requirements of the statutes, rules and regulations promulgated to regulate herein are complete and correct to the best of my knowledge.	e the oil and gas industry have been fully complied with and the statements
Signature: John Roy Evans	KCC Office Use ONLY
Title: Dwner Date: 1/6/03	Letter of Confidentiality Attached
Subscribed and sworn to before me this Lether day of Novemb	If Denied, Yes Date:
20 0 3	Wireline Log Received
() Inus & him	Geologist Report Received
Notary Public: Carlos	UIC Distribution
Date Commission Expires: 7-30-07	
DIANE R. NEY	



X

erator Name:	John Roy Evai	ns	Lease Na	ame: Peterman		_ Well #:	3
c. 28 Twp. 17	_S. R. 10	East West	County: _	Ellsworth			
ited, time tool open ar nperature, fluid recove	nd closed, flowing ery, and flow rates	nd base of formations per and shut-in pressures, is if gas to surface test, a nal geological well site r	whether shut- long with fina	in pressure reached	d static level, hydro	static pressu	res, bottom hole
ill Stem Tests Taken (Attach Additional She	ets)	X Yes ☐ No		X Log Forma	ition (Top), Depth a	nd Datum	Sample
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res Taken	•	Yes No		LANSING		976	-1167
ectric Log Run (Submit Copy)		Yes No		Conglome	rate 3	251	_ 1448
et All E. Logs Run:	Dual I	vduction .		Arbuckle	3	258	_1455
				New Used	uction, etc.		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft		Type of Cement	# Sacjs Used	Type and Percent Additives
Surface	12/4	8 %	26	306	60-40	200	
Production	7 7/8	51/2	14	3348	60-40	125	5LB Kalso
		ADDITIONAL	CEMENTING	/ SQUEEZE RECOF	RD		
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	#Sacks Us	sed	Type and P	Percent Additive	S
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			
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ALLIED CEMENTING CO., INC. 12910

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ALLIED CEMENTING CO., INC. 12720 Federal Tax I.D.# SERVICE PRINCIPAL SERVICE PRINCIPAL

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To Allied Cementing	Co., Inc.				@		
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MENTING CO., INC. 12720

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