

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 # 32756  
Name: Double 7 Oil & Gas  
Address: 21003 Wallace Rd.  
Parsons Ks. 67357  
City/State/Zip: \_\_\_\_\_

Purchaser: \_\_\_\_\_  
Operator Contact Person: Bruce Schulz  
Phone: (\_\_\_\_) 316-423-0951

Contractor: Name: Company Tools  
License: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Designate Type of Completion: **KCC WICHITA**  
 New Well  Re-Entry  Workover  
 Oil  SWD  SIOW  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. \_\_\_\_\_

11-19-03 Spud Date of 11-21-03 Date Reached TD  
Recompletion Date 1-10-04 Completion Date or  
Recompletion Date

API No. 15 - 099-23380-00-00  
County: Labette  
~~SE-NE-NE~~ Sec. 18 Twp. 33 S. R. 20  East  West  
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:  
(circle one) (NE) SE NW SW

Lease Name: Banzet Well #: 1

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

Producing Formation: Bartlesville

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: 345 Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at 20' 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 *Plugged 3-1-04*  
(Data must be collected from the Reserve Pit)

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls

Dewatering method used Empty & Fill

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: Bruce Schulz

Title: Owner Date: 12-11-03

Subscribed and sworn to before me this 23<sup>rd</sup> day of January

2004  
Notary Public: Brenda Schultz

Date Commission Expires: July 8, 2007

**KCC Office Use ONLY**

Letter of Confidentiality Attached  
If Denied, Yes  Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

**BRENDA SCHULTZ**  
OFFICIAL SEAL  
MY COMMISSION EXPIRES  
July 8, 2007

X

Operator Name: Double 7 Oil & Gas Lease Name: Banzet Well #: 1  
 Sec. 18 Twp. 33 S. R. 20  East  West County: LaBette

**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.

<p><b>Drill Stem Tests Taken</b> (Attach Additional Sheets) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>Samples Sent to Geological Survey</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>Cores Taken</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>Electric Log Run</b> (Submit Copy) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>List All E. Logs Run:</p>	<p><input type="checkbox"/> Log <input type="checkbox"/> Sample</p> <p>Formation (Top), Depth and Datum</p> <p>Name <span style="float:right">Top <span style="float:right">Datum</span></span></p>
---	---

CASING RECORD <input type="checkbox"/> New <input 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	# Sacs Used	Type and Percent Additives
Surface Drill Well	8 1/2" 11"	20' 6 1/4"			Portland	5	

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

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

<b>TUBING RECORD</b>		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input 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**  Vented  Sold  Used on Lease (If vented, Submit ACO-18.)

**METHOD OF COMPLETION**  Open Hole  Perf.  Dually Comp.  Commingled  Other (Specify) \_\_\_\_\_

**Production Interval** \_\_\_\_\_

