

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1  
September 1999  
Form Must Be Typed

Operator: License # 32821  
 Name: TRI-EX Petroleum L.P.  
 Address: 6051 N. Brookline, Suite 111B  
 City/State/Zip: Oklahoma City, OK 73112  
 Purchaser: \_\_\_\_\_  
 Operator Contact Person: Gary Wurdeman  
 Phone: (405) 767-0785  
 Contractor: Name: \_\_\_\_\_  
 License: \_\_\_\_\_  
 Wellsite Geologist: \_\_\_\_\_  
 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: Old Well Info as follows:  
 Operator: K&E Petroleum Inc.  
 Well Name: Vap # 6  
 Original Comp. Date: 9/10/1986 Original Total Depth: 4140  
 \_\_\_\_\_ 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. E27992  
 \_\_\_\_\_  
 Spud Date or \_\_\_\_\_ Date Reached TD \_\_\_\_\_ Completion Date or  
 Recompletion Date \_\_\_\_\_ Recompletion Date

API No. 15 - 153-20663-0001 ORIGINAL  
 County: Rawlins  
SE NE SE Sec. 16 Twp. 1 S. R. 33  East  West  
1650 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: Vap Well #: 6  
 Field Name: Drift  
 Producing Formation: Lansing "G"  
 Elevation: Ground: 2896 Kelly Bushing: 2901  
 Total Depth: 4140 Plug Back Total Depth: 4097  
 Amount of Surface Pipe Set and Cemented at 271 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** NO SH 6/2/02  
 (Data must be collected from the Reserve Pit)  
 Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls  
 Dewatering method used \_\_\_\_\_  
 Location of fluid disposal if hauled offsite: \_\_\_\_\_  
 Operator Name: \_\_\_\_\_  
 Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
 Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
 County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

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**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: [Signature]  
 Title: ENGINEER Date: 3/14/02  
 Subscribed and sworn to before me this 14 day of March  
 19 2002  
 Notary Public: Carol White  
 Date Commission Expires: 2-13-06

**KCC Office Use ONLY**

NO Letter of Confidentiality Attached  
 If Denied, Yes  Date: \_\_\_\_\_  
 \_\_\_\_\_ Wireline Log Received  
 \_\_\_\_\_ Geologist Report Received  
 \_\_\_\_\_ UIC Distribution

  
**CAROL D. WHITE**  
 Oklahoma County  
 Notary Public in and for  
 State of Oklahoma  
 My commission expires Feb. 13, 2006.

X

ORIGINAL

Operator Name: TRI-EX Petroleum L.P. Lease Name: Vap Well #: 6  
 Sec. 16 Twp. 1 S. R. 33  East  West County: Rawlins

**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.

|  |   |
|--|---|
| Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(Submit Copy)</i><br><br>List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>Name Top Datum<br><br><div style="text-align: center; font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">                     RECEIVED<br/>                     MAR 18 2012<br/>                     KCC WICHITA                 </div> |
|--|---|

| 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 | # Sacks Used | Type and Percent Additives |
| Surface   | 12 1/4"           | 8 5/8"                    | 24                | 271           | common         | 170          | 2%gel, 3%CaCl              |
| Production  | 7 7/8"            | 4 1/2"                    | 10.5              | 4138          | common         | 220          |                            |
|   |                   |                           |                   |               |                |              |                            |

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

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type  | Acid, Fracture, Shot, Cement Squeeze Record |       |
|----------------|---|---|-------|
|                | Specify Footage of Each Interval Perforated | (Amount and Kind of Material Used)          | Depth |
| 4              | 3938-43                                     |   |       |
|                |   |   |       |
|                |   |   |       |
|                |   |   |       |

|   |           |         |   |               |           |  |  |
|---|-----------|---------|---|---------------|-----------|--|--|
| TUBING RECORD                                   |           | Size    | Set At  | Packer At     | Liner Run | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|   |           | 2 3/8   | 3896  | 3896          |           |  |  |
| Date of First, Resumed Production, SWD or Enhr. |           |         | Producing Method  |               |           |  |  |
|   |           |         | <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" 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

Production Interval  Other (Specify) \_\_\_\_\_