

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

ORIGINAL

Operator: License # 7644
Name: Bob Miller
Address: 2061 Independence Road
City/State/Zip: Sedan, KS 67361
Purchaser: Farmland Industries
Operator Contact Person: Bob Miller
Phone: (620) 725-3917
Contractor: Name: Finney Drilling
License: 5989
Wellsite Geologist: None

Designate Type of Completion:

☒ 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. _____

12-9-03	12-17-03	12-18-03
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 019-26611-00-00

County: Chautauqua

NE NW SE
NE4 NW4 SW4 Sec. 26 Twp. 33 S. R. 11 ☒ East ☐ West

2326 feet from S / N (circle one) Line of Section

1667 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE ☒ SE NW SW

Lease Name: Gardner Well #: 25

Field Name: Sedan

Producing Formation: Wayside

Elevation: Ground: 900 Kelly Bushing: _____

Total Depth: 1200 Plug Back Total Depth: 1195

Amount of Surface Pipe Set and Cemented at 40 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 1200

feet depth to surface w/ 135 sx cmt.

Drilling Fluid Management Plan

(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.: _____

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: Bob Miller

Title: Owner Date: 2-27-04

Subscribed and sworn to before me this 27th day of February

2004.

Notary Public: S. Doty

Date Commission Expires: 4-8-2006

KCC Office Use ONLY

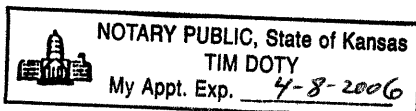
N Letter of Confidentiality Attached

If Denied, Yes ☐ Date: _____

K Wireline Log Received

N Geologist Report Received

_____ UIC Distribution



ORIGINAL

Operator Name: Bob Miller Lease Name: Gardner Well #: 25
 Sec. 26 Twp. 33 S. R. 11 ☒ East ☐ West County: Chautauqua

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 ☐ Yes ☒ No
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☒ Yes ☐ No
 (Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample

Name Top Datum

RECEIVED

MAR 02 2004

KCC WICHITA

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	10	8	?	40			see attached
production	6 3/4	4 1/2	9 1/2	1200			see attached

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
1	1124-1151	fracture	

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2 3/8							
Date of First, Resumerd Production, SWD or Enhr. pending				Producing Method <input type="checkbox"/> Flowing <input checked="" 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	METHOD OF COMPLETION	Production Interval
<input checked="" type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	
	<input type="checkbox"/> Other (Specify)	

RECEIVED

MAR 02 2004

KCC WICHITA

ORIGINAL

CONSOLIDATED OIL WELL SERVICES, INC.
211 W. 14TH STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

TICKET NUMBER **32470**
LOCATION Bartlesville
FOREMAN Tracy Williams

TREATMENT REPORT

DATE 12-18-03	CUSTOMER # 5237	WELL NAME Gardner #25	FORMATION
SECTION 26	TOWNSHIP 33S	RANGE 11E	COUNTY Chautauque
CUSTOMER Miller Oil (Bob Miller)			
MAILING ADDRESS			
CITY			
STATE		ZIP CODE	
TIME ARRIVED ON LOCATION			

WELL DATA

HOLE SIZE 6 3/4	PACKER DEPTH
TOTAL DEPTH 1200	PERFORATIONS
	SHOTS/FT
CASING SIZE 4 1/2	OPEN HOLE
CASING DEPTH 1187	
CASING WEIGHT	TUBING SIZE
CASING CONDITION	TUBING DEPTH
	TUBING WEIGHT
	TUBING CONDITION
TREATMENT VIA	

TRUCK #	DRIVER	TRUCK #	DRIVER
418	Tim		
117	Jeff H		
208	Brent		

TYPE OF TREATMENT

<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input checked="" type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISP. PUMP	<input type="checkbox"/>
<input type="checkbox"/> OTHER	<input type="checkbox"/>

PRESSURE LIMITATIONS

	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTION PRIOR TO JOB Broke circulation + ran 135 sks of 90/60 ppm mix with 10% gilsonite, 10% salt, 2% gel, + 1/4" flt. Shut down + washed up behind plug. Pumped plug to bottom + set shoe. Shut in.

AUTHORIZATION TO PROCEED

TITLE

DATE

TIME AM / PM	STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
							BREAKDOWN PRESSURE
							DISPLACEMENT
							MIX PRESSURE
							MIN PRESSURE
							ISIP
							15 MIN.
							MAX RATE

RECEIVED

ORIGINAL

MAR 02 2004

KCC WICHITA



CONSOLIDATED
OIL WELL
SERVICES
AN INFINITY COMPANY

211 W. 14TH STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

TICKET NUMBER 23589

LOCATION Barthesville

FIELD TICKET

DATE 12-18-03	CUSTOMER ACCT # 5237	WELL NAME Gardner #25	QTR/QTR	SECTION 26	TWP 33S	RGE 11E	COUNTY Chautauqua	FORMATION
CHARGE TO Miller Oil (Bob Miller)				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5401	1	PUMP CHARGE		585.00
5402	1187	Production Casing		166.18
1105	1 sk	Cottonseed Hulls		12.95
1107	2 sks	Flo Seal		25.50
1110	27 sks	Gilsonite		523.80
1111	650 #	Granulated Salt		162.50
1118	3 sks	Premium Gel		35.40
4404	1	4 1/2" Rubber Plug		22.00
5407	min	BLENDING & HANDLING TON-MILES		190.00
5508	3 hrs	STAND BY TIME MILEAGE WATER TRANSPORTS		825.00
1131	135 sks	VACUUM TRUCKS FRAC SAND CEMENT		918.00
		Chautauqua Co. 6.3% SALES TAX		110.57
ESTIMATED TOTAL				2921.90

Raven 2790

CUSTOMER or AGENTS SIGNATURE

CIS FOREMAN

Joseph L. Williams

188376