

FORM MUST BE TYPED

SIDE ONE

ORIGINAL

STATE CORPORATION COMMISSION OF KANSAS  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
ACO-1 WELL HISTORY  
DESCRIPTION OF WELL AND LEASE

API NO. 15- -023-20,022 ~~00-2002~~

Operator: License # 5099

County CHEYENNE

Name: J-W Operating Company

-SW-NW-SW Sec. 3 Twp. 3S Rge. 41 X <sup>E</sup> <sub>W</sub>

Address P.O. Box 305

1760 Feet from (S/N) (circle one) Line of Section

440 Feet from (N/W) (circle one) Line of Section

City/State/Zip Wray, CO 80758

Footages Calculated from Nearest Outside Section Corner:  
NE, SE, NW or (SW) (circle one)

Purchaser: N/A

Lease Name Marvin Orth Well # 4

Operator Contact Person: Andy Baucke

Field Name Cherry Creek

Phone (303) 332-3151

Producing Formation Kansas City Langing

Contractor: Name: \_\_\_\_\_

Elevation: Ground 3585' KB 3595'

License: \_\_\_\_\_

Total Depth 4738' PBDT 4712'

Wellsite Geologist: None

Amount of Surface Pipe Set and Cemented at 289 Feet

Designate Type of Completion  
 New Well  Re-Entry  Workover

Multiple Stage Cementing Collar Used?  Yes  No

Oil  SVD  SIOV  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSV, Expl., Cathodic, etc)

If yes, show depth set N/A Feet

If Alternate II completion, cement circulated from N/A

feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

If Workover/Re-Entry: old well info as follows:

Drilling Fluid Management Plan REWORK JH 7-11-94  
(Data must be collected from the Reserve Pit)

Operator: J-W Operating Company

Chloride content N/A ppm Fluid volume \_\_\_\_\_ bbls

Well Name: Marvin Orth #4

De-watering method used \_\_\_\_\_

Comp. Date 7/1/92 Old Total Depth 4738'

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Deepening  Re-perf.  CONVERT TO SUPPLY WELL  
 Plug Back 3500' Conv. to Inj/SVD  
 Commingled  Decket No. \_\_\_\_\_ PBDT  
 Dual Completion  Decket No. \_\_\_\_\_  
 Other (SVD or Inj?)  Decket No. \_\_\_\_\_

Operator Name \_\_\_\_\_

Lease Name \_\_\_\_\_ License No. \_\_\_\_\_

9-7-92

9/7/92

Spud Date OF START OF WORKOVER Date Reached TD 9/7/92 Completion Date OF WORKOVER

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Rng. \_\_\_\_\_ E/W

County \_\_\_\_\_ Decket No. \_\_\_\_\_

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 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 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 Andrew R. Weaver  
Title District Manager Date July 23, 1992

Subscribed and sworn to before me this 23rd day of July 19 92.

Notary Public Pronda A. White

Date Commission Expires \_\_\_\_\_ My Comm. Expires 8/3/92

RECEIVED  
K.C.C. OFFICE USE ONLY  
F Letter of Confidentiality Attached  
C Wireline Log Received  
C Geologist Report Received  
JUL 27 1992  
Distribution  
KCC  
KGS  
OGD/Rep  
NGPA  
CONSERVATION DIVISION  
WICHITA, KA (Specify)

SIDE TWO

Operator Name J-W Operating Company Lease Name Marvin Orth Well # 4  
 Sec. 3 Twp. 3S Rge. 41  East  West  
 County Chevenne

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  
 (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: None

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

**CASING RECORD**  New  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

**ADDITIONAL CEMENTING/SQUEEZE RECORD**

Purpose:	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
<input type="checkbox"/> Perforate					
<input type="checkbox"/> Protect Casing					
<input type="checkbox"/> Plug Back TD					
<input checked="" type="checkbox"/> Plug Off Zone	3500'	4598'	50/50 poz	90	1/4 # / sks LCM

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

**TUBING RECORD** Size   Set At   Packer At   Liner Run  Yes  No

Date of First Resumed Production, SMD or Inj. NOT IN SERVICE, YET Producing Method  Flowing  Pumping  Gas Lift  Other (Explain)

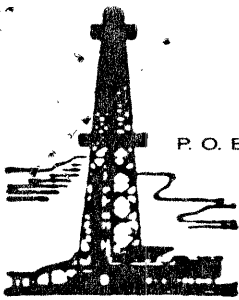
Estimated Production Per 24 Hours Oil N/A Bbls. Gas N/A Mcf Water N/A Bbls. Gas-Oil Ratio   Gravity  

KCC  
JH

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 None



**CEMENTERS, INC.**

P. O. BOX 1587 • SCOTTSBLUFF, NE 69363-1587 • (308) 632-8855

ORIGINAL

Our Invoice

NO 14152

Date	July 1/92	Well Owner	J.W. Operating	Well No.		Lease	OM # 4
County		State	Kansas	Field			
Charge To	J.W. operating					Charge Code	
Address						For Office Use Only	
City, State							
Pump Truck No.	Code	Bulk Truck No.	Code				
Type of Job		Depth	Ft.			to	
Surface		Bottom of Surface	Ft.			to	
Plug		Plug Landed @	Ft.	Time On			
Production		Pipe Landed @	Ft.	Time Off			

Reference No.	Description	Qty.	Meas.	Unit Price	Amount
	Pump Truck Charge				
	Cement Neat	50/50	905Y		
	Poz. Mix				
	Calcium Chloride				
	Gel % Flo-Seal %				
	Handling Charge				
	Hauling Charge				
	Additional Pump Charge				
	Mileage P.T.				
	B.T.				
	Plug				

Remarks: Well per sack KCM 20 bbl's About KCM	Tax Reference Code	Sub Total
	State %	Tax
	Disc	Total

Truck No.	Code	State Mileage	Nebraska	Colorado	Wyoming	Other
1702		Pump Truck		30		
1206		Bulk Truck		30		

RECEIVED  
JUL 27 1992  
COMMISSION  
DIVISION  
Kansas

We do not assume any responsibility for any damage or conditions resulting from our services. All pricing is subject to review and revision.

Delivered By Gray & Pugh Received by Mike D... Customer or His Agent