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

CONFI

ORIGINAL

Operator: License # __5798__

Name: __Michael D. Weilert Oil Co.__

Address: __866 230th Avenue__

City/State/Zip: __Hays, KS 67601__

Purchaser: _____

Operator Contact Person: __Mike Weilert__

Phone: (_785_) __650-5450__

Contractor: Name: __Anderson Drilling__

License: __33237__

Wellsite Geologist: __Jerry Green__

Designate Type of Completion:

__X__ New Well _____ Re-Entry _____ Workover

__X__ 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. _____

__11-11-04__	__11-20-04__	__12-17-04__
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - __051-25343-00-00__

County: __Ellis__

__N/2 NE NW__ Sec. __32__ Twp. __13__ S. R. __19__ ☐ East ☒ West

__330__ feet from S /(N) (circle one) Line of Section

__2040__ feet from E /(W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE (NW) SW

Lease Name: __Riedel A__ Well #: __1__

Field Name: __Irvin__

Producing Formation: __Lansing KC__

Elevation: Ground: __2231__ Kelly Bushing: __2236__

Total Depth: __3930__ Plug Back Total Depth: __3915__

Amount of Surface Pipe Set and Cemented at __202'@207' w/150__ SXS Feet

Multiple Stage Cementing Collar Used? ☒Yes ☐No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from __3930__

feet depth to __Surface__ w/ __550__ sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content __27,500__ ppm Fluid volume __250__ bbls

Dewatering method used __No free water to remove air dry & cover__

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.
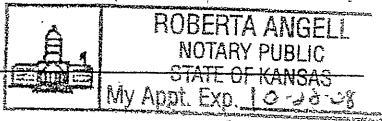
Signature: _Michael Weilert_

Title: __President__ Date: __1-25-05__

Subscribed and sworn to before me this __25th__ day of __January__,

19 __2005__

Notary Public: _Roberta Angell_

Date Commission Expires: __10-28-08__

ROBERTA ANGELL
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 10-28-08