

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION OR RECOMPLETION FORM
ACO-1 WELL HISTORY

DESCRIPTION OF WELL AND LEASE

7562

Operator: License #
Name **AMES Energy Exploration**.....
Address **P.O. Box 1309**.....
City/State/Zip **Hays, Kansas 67601**.....

Purchaser.....

Operator Contact Person **Steven Ward**.....
Phone **913-628-2289**.....

Contractor: License # **6176**.....
Name **Ivan Holt Well Serv. Inc.**.....

Wellsite Geologist.....
Phone.....

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD Temp Abd
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply etc.)

If OWWO: old well info as follows:

Operator **W.E. Carl & Associates**.....
Well Name **#2 Nichol WB**.....
Comp. Date **12-13-81** Old Total Depth **3625**

WELL HISTORY

Drilling Method:

Mud Rotary Air Rotary Cable

~~12-7-85~~ ~~12-15-85~~ **12-24-85**
Spud Date Date Reached TD Completion Date
1712 1712
Total Depth PBD

Amount of Surface Pipe Set and Cemented at **609** feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set.....feet
If alternate 2 completion, cement circulated
from **1712** feet depth to surface **275** SX cmt

API NO. 15-...163,21,492-10001

County **Rooks**.....

C..W/2..SE..SW. Sec2.... Twp.6..Rge.20W. East West

990..... Ft North from Southeast Corner of Section
3630..... Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

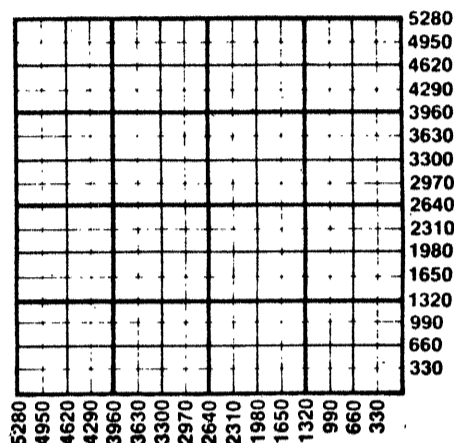
Lease Name **Nichol**..... Well #. **1SWD**

Field Name.....

Producing Formation **Cedar Hills**.....

Elevation: Ground **2118**.....KB.....**2123**.....

Section Plat



WATER SUPPLY INFORMATION

Disposition of Produced Water: Disposal
Docket # Repressuring

Questions on this portion of the ACO-1 call:
Water Resources Board (913) 296-3717

Source of Water:
Division of Water Resources Permit #.....

Groundwater.....Ft North from Southeast Corner
(Well)Ft West from Southeast Corner of
Sec Twp Rge East West

Surface Water.....Ft North from Southeast Corner
(Stream, pond etc).....Ft West from Southeast Corner
Sec Twp Rge East West

Other (explain) **Nichol water**.....
(purchased from city, R.W.D. #)

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rule 82-3-130 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 drillers time log shall be attached with this form. 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 **Edith A. Ward**.....

Title **Owner/operator**..... Date **1-6-86**.....

Subscribed and sworn to before me this **6** day of **January** 19**86**.....

Notary Public **Leon Gottschalk**.....

Date Commission Expires **8-9-89**.....

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other (Specify)

Leon Gottschalk
NOTARY PUBLIC
State of Kansas
My Appointment Expires

Form ACO-1 (7-84)

1-7-86
JAN 7 1986

Sec. 2 Twp. 6 Rge. 20W

SIDE TWO

Operator Name Ames Energy Exploration Lease Name Nichol Well # 1 SWD

Sec. 2 Twp. 6 Rge. 20 East West County Rooks

WELL LOG

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
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No

Formation Description
 Log Sample

Name Top Bottom

CASING RECORD <input checked="" 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 casing	12 1/4	8 5/8	?	609	?	400	?
	7 7/8	5 1/2	14	1712	econolite poz.	100	50/50 2%G 2% CC
						175	
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used)		Depth	
4	1350 to 1400						
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
cement lined	Size 2 3/8	Set At 1338	Packer at 1338				
Date of First Production		Producing Method					
		<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (explain).....					
Disposal Estimated Production Per 24 Hours		Oil	Gas	Water	Gas-Oil Ratio	Gravity	
		Bbls	MCF	Bbls	CFPB		

METHOD OF COMPLETION

Production Interval

Disposition of gas: Vented Open Hole Perforation
 Sold Other (Specify)
 Used on Lease Dually Completed
 Commingled