STATE CORPORATION CONSISSION OF KAMEAS

15-163-19257-00-0 ORIGINAL

WELL CHIPLETION FORM	County Rooks
ACO-1 WELL HISTORY DESCRIPTION OF WELL AND LEASE	C _S/2 _SW _SW _sec 23 Tup. 8 _ Rge. 17 W
Operator: License 6 5145	330 Feet free 3/N (circle one) Line of Section
Dreiling Oil, Inc.	4620 Feet free E/W (circle one) Line of Section
Address 1008 Cody Ave.	
Box 550	NE. SE. NW or SW (circle one)
City/State/Zip Havs, KS 67601	Lease Name Schindler Well # B #6 SWD
Purchaser: N.C.R.A.	Field Name Westhusin No.
Operator Contact Person: . Ivan Edsall	Producing Formetion Lans-K.C.
Phone (913) 625-8327	Elevation: Ground 1975 KB 1980
Contractor: Name: Dreiling Oil, Inc.	Total Depth 3508 PBTD 3486
License: 5145	Amount of Surface Pipe Set and Camented atFee
Wellsite Scolegist: None	Multiple Stage Comenting Collar Used? Yes N
Designate Type of Completion	If yes, show depth setFee
New Woll Re-Entry X Workover	If Alternate II completion, cement circulated from $1100$
X oil SWD SIOW Temp. Abd.	feet depth to Surface v/ 400 sx cat
Gas ENHR SIGW Dry Other (Core, WSW, Expl., Cathodic, etc	
If Werkever/Re-Entry: old well info as follows:	(Data must be collected from the Reserve Pit)
Operator: Dreiling Oil, Inc.	Chloride contentppm Fluid volumebbl:
Well Name: Schindler B #6 SWD >	Dewatering method used
Comp. Date 5-5-79 Old Total Depth 3508	Location of fluid disposal if hauled offsite:
Deepening Re-perf. X Conv. to Inj/SWD	i i i i i i i i i i i i i i i i i i i
Ptug Back PBTD Commingled Docket No.	Operator Name
Dual Completion Docket No.  Other (SWD or Inj?) Docket No.	Lease NameLicense No.
4-20-79 5-4-79 5-5-79	Quarter Sec Twp S Rng E/W
Spud Date Date Reached TD Completion Date	County Decket No
1	il be filed with the Kansas Corporation Commission. 200 Colorade of the spud date, recompletion, workever or conversion of a well.
12 months if requested in writing and submitted with the	n side two of this form will be held confidential for a period of
torners to make and the fift bitalities form the desired of the first	report shall be attached with this form. ALL CEMENTING TICKETS   ells. Submit CP-111 form with all temporarily abandoned wells.
All requirements of the statutes, rules and regulations promu	ligated to perulate the oil and on today to
with and the statements herein are complete and correct to 1	the best of my knowledge.
Signature Ivan R. Edsell STATE CORE	RECEIVED PORATION COMMISSION K.C.C. OFFICE USE ONLY
Production Superintendent 7	_28_02   F Letter of Confidentiality Attached
Subscribed and sworn to before so this 28 day of	C Geologist Report Received
92.	7-29-199   Pistribution
lotary Public Colia Desgall W.	Unites, Rallins KCC NGPA
ate Commission Expires & KUTARY PUNIS - State of Karses	Other
STRUME Struct Even 1-19-93	1

Operator Hama	Oreiling OI	1, Inc.	SIDE TUD	Schindle	r	Well a	B #6 SWD
Sec. 23 Tup. 8	important too	s and base of former	County	Potodl soli	Cares Renew	h all dati	
interval tested, tis hydrostatic pressure if more space is nee	s, bettem hele	temperature, fluid :					
Drill Stem Tests Tak (Attach Additiona		□ Yes □ No	Log	Formatio	on (Top), Dopth	and Datum	. Sample
Samples Sent to Gool	ogical Survey	☐ Yee. ☐ No	Name		Тор		Datum
Cores Taken		Too. In	,				
Electric Log Run (Submit Copy.)		☐ Yee. ☐ No	 				
List All E.Logs Run:							
	Report a	CASING RECORD	ں نا ہوں نا ں	sed ntermediate,	production, et	E.	
		Size Casing Set (In G.D.)	Weight Lbs./Ft.	Setting Depth	Type of Cement	# Sacks	Type and Percent
	İ						
	·	AMOITIGGA	L CEMENTING/SQUE	ZE RECORD			
Perforate X Protect Casing Surface to 1100' 60/4		Type of Cement	#Sacks Used	Type and Percent Additives  2% C.C.			
		60/40 Poz	400				
Plug Off Zone	<u> </u>						
Shots Per Foot	PERFORATION Specify Feetag	RECORD - Bridge Plu e of Each Interval P	igs Set/Type Perforsted	Acid, F (Amount and	resture, Shet, Kind of Hateri	Cament Squ at Used)	pezo Record Depth
	····						
	Size	Set At	Packer At	Liner Run			İ
Date of First, Resume	PVC lined Production.	1.	ckerless	٠ - ا			D
9-30-85 Estimated Production Per 24 Hours	Oft	Bbis. Gas	Hof Water	Bbts.	eing Gas Li		er (Explain) Gravity
isposition of Sas:			 				
Vented Sold	Used on La		Hole Perf.		П.	Pr	oduction Interval
(If vented, subm	it ACO-18.)		TOTAL	suarry C	omp. — Commin	gled $32$	4/6 <b>-</b> 3298

Other (Specify) SWD

Phone 913-483-2627, Russell, Kansas Phone 316-793-5861, Great Bend, Kansas

## ORIGINAL

Phone Plainville 913-434-2812 Phone Kiowa 316-825-4618

## ALLIED CEMENTING CO., INC. Nº 40352

Home Office P. O. Box 31

Russell, Kansas 67665

				O. DOX	<b>.</b>		ussen, Aunsus 6/005	•				
•	Sec.	Twp	).	Range	Ca	lled Out	On Location	Job Start	Finish			
Date /		8	<u> </u>	17	6:73	> AM	19:0000	11:30 AM	1135 4			
Lease Well No. 8 Sant to Location 12 de						190 3	Custon	County	State			
Contractor / Post Ma Dil Sal						Owner	SAME					
Type Job Circulate Cament					To Allied Cementing Co., Inc.							
Hole Size T.D.						You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed-						
Csg. Size	Depth				Charge A							
Tbg. Size						Charge Dreiling Dil Tark						
Drill Pipe +109	pm 400 71	<del>                                     </del>	Depth			Street						
Drill Pipe	53"	Depth	Depth 2950			City . State						
Tool		Depth			The above was done to satisfaction and supervision contractor.			d supervision of own	er agent or			
Cement Left in Csg.		Shoe	Shoe Joint			Purchase Order No.						
Press Max.		Minim	Minimum			X						
Meas Line		Displa	ice				CE	MENT				
Perf.					Amount	SOSK Lalve	والمعلق المعلق ا	7				
	EQUIPME	NT		•		ł						
#/// No	Cementer	1	M 1	12UL.	182 21	Consisting	of SO SE LOY	4-202 2	<u> </u>			
Pumptrk	Helper		Cav		Ma N	Poz. Mix						
No	Cementer			~~ <i>, , , ,</i> .	· · · · · · · · · · · · · · · · · · ·	Gel.						
Pumptrk	Helper				VIII. W. J.	Chloride						
#156	54 Driver			Tim L.			Quickset					
Bulktrk								Annes ( ) A fill the little section with the section of the sectio				
Bulktrk /	Driver		T. M	<u> </u>				~ · ·				
DEDERT				·		77 11.		Sales Tax				
DEPTH of Job	w1%		. 4	1		Handling						
- Infrit	PUMP	11	<u> </u>	45	000	Mileage						
		·		,		å		Sub Total				
	Sub Total							Total				
Tax					Floating Eq	uipment	Iotai	1				
	<b></b>					RECEIVED						
Remarks:				,	STATEC	JRPORATION (	COMMISSION	* * * * * * * * * * * * * * * * * * * *				
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