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

ORIGINAL

Operator: License # ₃ 32681	API No. 15 - 059 24885 0000
Name:David kainz	County: Franklin
Address: 2945 Texas RD	NEE NE SE SE. 1 Twp. 17 S. R. 20
City/State/Zip: Ottawa KS. 66067	1161 feet from (S) / N (circle one) Line of Section
Purchaser:	165 jeet from (E) W (circle one) Line of Section
Operator Contact Person: David Kainz	Footages Calculated from Nearest Outside Section Corner:
Phone: (785)878 3676	(circle one) NF (SP) NW SW
Contractor: Name: ¬Town Oil Co.	DAVIA R aspect Well #: 1
License: 6142	Field Name: Paola Rantoul
Wellsite Geologist:	Producing Formation: Squirre1
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: 640 Plug Back Total Depth:
X Oil SWD X SIOW Temp. Abd.	Amount of Surface Pipe Set and Cemented at 31 Fee
Gas ENHR SIGW	
Dry Other (Core, WSW, Expl., Cathodic, etc)	<u> </u>
If Workover/Re-entry: Old Well Info as follows:	If Alternate II completion, compet circulated from
Operator:	If Alternate II completion, cement circulated from
	feet depth tosx cmt AuTI warm 7-19-06
Well Name:	Drilling Fluid Management Plan
Original Comp. Date:Original Total Depth:	(Data must be collected from the Reserve Pit)
DeepeningRe-perfConv. to Enhr./SWD	Chloride content ppm Fluid volume bbls
Plug BackPlug Back Total Depth	Dewatering method used
Commingled Docket No.	Location of fluid disposal if hauled offsite:
Dual Completion	•
Other (SWD or Enhr.?) Docket No	Operator Name:
Spud Date or Date Reached TD Completion Date or Recompletion Date 10-19-06	Lease Name: License No.: Bast Wes Quarter Sec. Twp. S. R. East Wes County: Docket No.:
INSTRUCTIONS: An original and two copies of this form shall be filed with a Kansas 67202, within 120 days of the spud date, recompletion, workover information of side two of this form will be held confidential for a period of 12 107 for confidentiality in excess of 12 months). One copy of all wireline logs a TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells.	r or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. 2 months if requested in writing and submitted with the form (see rule 82-3- and geologist well report shall be attached with this form. ALL CEMENTING Submit CP-111 form with all temporarily abandoned wells.
All requirements of the statutes, rules and regulations promulgated to regulations are complete and correct to the best of my knowledge.	
Signature: Slaved Lains	KCC Office Use ONLY
0 / 3/01	M OTA
	Letter of Confidentiality Attached
<u>vol</u> .	Wireline Log Received
Notary Public: Dalela Lean	PEARSO Geologist Report Received
	UIC Distribution
Date Commission Expires: 7-7-23	7 8

Operator Name:	David Kai	nz	Lease	Name:	same-		_ Well #:	1	
		🔀 East 🗌 West				n			
tested, time tool oper temperature, fluid red	n and closed, flowing covery, and flow rate	and base of formations p g and shut-in pressures, as if gas to surface test, final geological well site	, whether sl along with f	hut-in pre	ssure reached	static level, hydro	static pressure	es, bottom hole	
Drill Stem Tests Taken Yes No				Lo	Log Formation (T		nd Datum	Sample	
Samples Sent to Geo	•	☐ Yes 🙀 No		Name	9		Тор	Datum	
Cores Taken	.,.g.,,	Yes XNo							
Electric Log Run (Submit Copy)		x Yes □ No		STATE CORPORATION PORT A DESCRIPTION					
List All E. Logs Run:						FFR E. 9	4 1974		
				COINDERVALIDAD UNISLUN					
		CASING Report all strings set-	RECORD	Ne urface, inte	49-	tion, etc.			
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Wei Lbs.		Setting Depth	Type of Cement	# Sacjs Used	Type and Percen Additives	
surface pip	e ?	6 1/4			31		5		
set pipe	6 1/4	2 7/8			628 -	50/50 pc	z 108		
Purpose:	Depth	Type of Cement	#Sacks	I	EEZE RECORE		ercent Additives		
Perforate Protect Casing Plug Back TD Plug Off Zone	Top Bottom	Type of Gernenit	#Sacks	. Useu		Type and F	GICENT AUGMAYES		
Shots Per Foot		ON RECORD - Bridge Plu Footage of Each Interval Pe		e Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)				d Depth	
3	574 to 579				50 gal 15% hcl				
-			100# frac gel						
	to the the beautiful and the second second to the second s		·		5 sac 20/40 frac sand				
					35 sac	12/20 fra	ac sand		
TUBING RECORD	Size Set At Packer At				Liner Run				
Date of First, Resumero	Production, SWD or E	nhr. Producing Med	r	Flowing	Pumpi	ng Gas Lif		or (Evoloin)	
not in proc Estimated Production Per 24 Hours		Bbls. Gas	Mcf	Wate			ias-Oil Ratio	er (Explain) Gravity	
Disposition of Gas	METHOD OF C	COMPLETION	<u> </u>		Production Inter	val	-		
Vented Sold	Used on Lease	Open Hole Other (Spec	Perf.	a	ually Comp.	Commingled		······································	

SONSOLIDATED INDUSTRIAL SERVICES, INC. 211 W. 14TH STREET, CHANUTE, KS 66720 316-431-9210 OR 800-467-8676

TICKET NUMBER	4	7	4	6
LOCATION Maur	New York Control	/	Ra.	

FIELD TICKET

ORIGINAL

FORMATION

DATE 10~18.00	CUSTOMER ACCT #	WELL	NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION	
CHARGE TO	<i>AYAYUKERYEKE</i>	a service and the service and		10000	OWNER		· · · / · / · / · / · / · / · / · / · /			
CHARGE TO	Pasid A	A112				- A 3- A - A	<u> </u>			
MAILING ADDRESS 2915 Texas 28.					OPERATOR	(W)	1704			
Daygement & Calley					CONTRACTOR Town 0-/					
CITY & STATE	- J. M. Clark	******	6	76/	CONTRAC	IOR / @	fater with face			
ACCOUNT CODE							UNIT PRICE	TOTAL AMOUNT		
5401	, D.	<i>p</i>	PUMP CHARGE COMPAI CAR Woll					525.0		
5102		Casing foreige					, /5	81.64		
	HYDRAULIC HORSE POWER									
1118	1/	52	Fren	riam C	ael			11.00	4400	
				1						
4402	On	E	25	Kubbe	Care				15.74	
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				- KA	N M	Andreas and the second	Tax	6,75	53.65	
				and the second s						
			STAND BY	TIME						
			MILEAGE							
		2	WATER TR	ANSPORTS						
5 50 4	2 2	Ma	VACUUM T	RUCKS				65.4	130 5	
			FRAC SAN	ID						
1/24	108	Sie	CEMENT	for	Mir			7 20	810,00	
			NITROGEN	J						
5110	7 M	de la	TON-MILES						175-867	
NSCO #15097								ESTIMATED TOTA		
CUSTOMER or	AGENTS SIGNATURE				. с	IS FOREM	AN .	m Green		
							3/	7 4 2 M/ 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
CUSTOMER or	AGENT (PLEASE PRINT)				D	ATE	10-11	7-10		