Form ACO-1 September 1999 Form Must Be Typed

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 328/	API No. 15 - 073 -238850000
Name: Triple & Well Service	county: Creen wood
Address: RR#2 Box 88D	F12 -NE SWSec. 35 Twp. 25 S. R. /O East West
City/State/Zip: Eurella, Ks 47045	
Purchaser:	feet from E / (W) (circle one) Line of Section
Operator Contact Person: William W. Soller	Protages Calculated from Nearest Outside Section Corner:
Phone: (316) 583 - 5389	(circle one) NE SE NW SW
Contractor: Name: Berent 2 Drilling 8	Sease Name: Fee Well #: 8
License: 2892	Field Name: Eureka
Wellsite Geologist: Sack Berentz	Froducing Formation: Kansis Coty Lime
·	Elevation: Ground: 1099 AST Kelly Bushing:
Designate Type of Completion: New Well Re-Entry Workover	Total Depth: (DD Plug Back Total Depth: Ster Face
Oil SWD SIOW Temp. Abd.	Amount of Surface Pipe Set and Cemented at Feet
Gas ENHR SIGW	Multiple Stage Cementing Collar Used?
Dry Other (Core, WSW, Expl., Cathodic, etc)	If yes, show depth setFeet
	If Alternate II completion, cement circulated from
If Workover/Re-entry: Old Well Info as follows:	feet depth tow/sx cmt.
Operator:	Act I when 8-10.06
Well Name: Original Total Depth:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Deepening Re-perf Conv. to Enhr./SWD	
Plug Back Plug Back Total Depth	Chloride content ppm Fluid volume bbls
Commingled Docket No	Dewatering method used
Dual Completion Docket No	Location of fluid disposal if hauled offsite:
	Operator Name:
	Lease Name: License No.:
Spud Date or Date Reached TD Completion Date or	Quarter Sec Twp S. R
Recompletion Date Recompletion Date	County: Docket No.:
KCC when he other	
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, workov	rer 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 neid confidential for a period of	12 months if requested in writing and submitted with the form (see rule 82-3-s and geologist well report shall be attached with this form. ALL CEMENTING
TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells	s. Submit CP-111 form with all temporarily abandoned wells.
	ate 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: William Wo Soule	KCC Office Use ONLY
Title: Partner Date: 6-32-	Letter of Confidentiality Attached
Subscribed and sworn to before me this <u>22</u> day of <u>JUNE</u>	If Denied, Yes Date:
	, Wireline Log Received
70 2000.	Geologist Report Received
Notary Public: Notary Public - S	HIGBEE UIC Distribution
Date Commission Expires: 07/30/2003 My Appt. Expires 07/	30/2003

Operator Name: / / /	Dle 5 4)eu	Service	Lease I	Name:	Fee		Well #:	8		
Sec. 35 Twp. 25	1			County:		reen a	ood				
INSTRUCTIONS: Sho tested, time tool open a temperature, fluid recor Electric Wireline Logs	and closed, flowing very, and flow rates	and shut- if gas to	-in pressures, v surface test, al-	vhether sho ong with fir	ut-in pres	sure reached s	tatic level, hydros	tatic pressur	es, bottom h	ole	
Drill Stem Tests Taken Yes No (Attach Additional Sheets)					Log Formation (Top), Depth and Datum				Sam		
Samples Sent to Geold	ogical Survey		es 🗌 No		Name	•		Тор	Datu	mı	
Cores Taken Electric Log Run (Submit Copy)		☐ Y€	es No			·	yro	ve			
List All E. Logs Run:	W	JV	2								
		Reno	CASING I		Ne	w 🔀 Üsed rmediate, producti	on, etc.				
Purpose of String	Size Hole Drilled	Siz	re Casing	Weig	ht	Setting Depth	Type of Cement	# Sacjs Used	Type and Addit		
Surface	121/4"		5/8 11	EDS. 7		100'	regular	85	30/bs 2	Rea	
		naka basa da Awa tanan									
		<u> </u>	ADDITIONAL	CEMENTIN	JG / SOU	EEZE RECORD			1		
Purpose: Depth Type of Cement Top Bottom		#Sacks		Type and Percent Additives							
Protect Casing Plug Back TD Plug Off Zone				no	No						
Shots Per Foot	Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth					
			No								
TUBING RECORD	Size Set At Packer At				t	Liner Run					
Date of First, Resumerd			Producing Meth	_						A. A	
Estimated Production	Oil I	Bbls.	Gas Mcf Water		Flowing Wate					Gravity	
Per 24 Hours		ove	u	one	B/07-1 11 1/1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	non					
Disposition of Gas	METHOD OF C	OMPLETIC	ON Open Hole	Perf.		Production Intervally Comp.					
(If vented, Sun			Other (Speci			ually Comp.	Commingled				

AC	BLUE STAF ID SERVICE,	-	i e	Box 103 Cansas 67045	Cementing T and Invoice N		2094
Date	Customer Order No	Sect Twp.	Range	Truck Called Out	On Location	Job Began	Job Completed
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1211 1	School	E	rickA		KA	INSAS	
Well No. & Form	P	lace		County		State	
FEE F	Depth of Job		_	Greenwo	<u> </u>	1 KANS	
	101	ž (e right	Size of Hole — Amt and Kind of Cement —		Cement Left in casing by	Request Necessityfeet
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<u>Surface</u>	E/ PIPE			Tubing		Cable / Truck	No
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Helper BinD The above job was d	one under supervison of the ow		whose signature an			<u>KANSAS</u>	
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			HANK Y) U			Type in Or Contractor Or Operati
		S	ales Ticket for	Materials Only			
Quantity Sacks		BRANC	AND TYPE			PRICE	TOTAL
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	Signature of operator - Ku	nue may	\$2 C	N S Tola		<u> </u>	1183.11
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