## 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

Operator: License # 30944	API No. 15 - NA 15.011. 21072.00.01
Name: D & T Oil Company	County: Bourbon
Address: P.O. Box 141	NW SE SE NW Sec. 2 Twp.24 S. R. 21 X East West
City/State/Zip: Blue Mound, KS 66010-0141	3200 Sec. 2 Wp21 S. R. 21 East West
Purchaser: Crude Marketing, INC.	3200 seet from S/N (circle one) Line of Section
Operator Contact Person: Joe Thyer	feet from E / W (circle one) Line of Section
Phone: (_913 <sub>)</sub> _756-2673	Footages Calculated from Nearest Outside Section Corner:
Contractor: Name:	(circle one) NE (SE) NW SW
License:	Lease Name: Guder Well #: 6-81
Wellsite Geologist:	180
Wellsite Geologist: WERRY Designate Type of Completion: New Well Re-Entry Workover AN 4	Bartlesville
New Well Po-Entry Washington	Kelly Bushing:
— Oil — SWD SIOW Tomo REP 63	Plug Back Total Depth: 676
OilSWDSIOWTemp. #\$ 000 000 0000 0000 0000 0000 0000 00	Feet 20 ' Feet
Gas ENHR SIGW	Multiple Stage Cementing Collar Used?
Dry Other (Core, WSW, Expl., Cathodic, etc)	Olf yes, show depth setFeet
If Workover/Re-entry: Old Well Info as follows:	If Alternate II completion, cement circulated from
Operator:	feet depth tosx cmt.  AUT II WHM 8-10-06
Well Name:	
Original Comp. Date: Original Total Depth:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Deepening Re-perf Conv. to Enhr./SWD	Chloride content ppm Fluid volume bbls
Plug Back Plug Back Total Depth	Dewatering method usedbbis
Commingled Docket No	
Dual Completion Docket No	Location of fluid disposal if hauled offsite:
Other (SWD or Enhr.?) Docket No	Operator Name:
NA NA NA	Lease Name: License No.:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R 🔲 East 🗌 West
Recompletion Date Recompletion Date	County: Docket No.:
INSTRUCTIONS: An original and two copies of this form shall be filed with Kansas 67202, within 120 days of the spud date, recompletion, workove information of side two of this form will be held confidential for a period of 1: 107 for confidentiality in excess of 12 months). One copy of all wireline logs of TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells.	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 regulation are complete and correct to the best of my knowledge.	te the oil and gas industry have been fully complied with and the statements
signature: Stacy Shylr	KCC Office Use ONLY
itle: Owner Date: Feb. 15, 200	Letter of Confidentiality Attached
subscribed and sworn to before me this 15th day of the	If Denied, Yes Date:
2001	Wireline Log Received
	Geologist Report Received
otary Public Levela S. Dunhack	——— UIC Distribution
ate Commission Expires: 25300/ A LINDA S. B	ROWNRACK
I and the North District	Chain at 12
My Appt. Expires	2-0-200/

*	_										
	D & T Oil Company						Well #:6-	-81			
Sec2Twp2	4_s. R21	East [	West Co	unty: <u>BO</u>	urbon						
INSTRUCTIONS: Sho tested, time tool open temperature, fluid reco Electric Wireline Logs	and closed, flowing overy, and flow rates	and shut-in pre if gas to surfac	essures, whethe ce test, along wi	r shut-in pres	sure reached	static level, hydros	tatic pressure	s, bottom hole			
Drill Stem Tests Taken Y			Yes XNo			Log Formation (Top), Depth and Datum					
Samples Sent to Geol	ogical Survey	Yes	X No	Name			Тор	Datum			
Cores Taken Electric Log Run <i>(Submit Copy)</i>			<mark>Ж</mark> ио								
	-		CASING RECOF			ction, etc.					
Purpose of String	Size Hole Drilled	Size Casi Set (In O.	ing	Weight bs. / Ft.	Setting Depth	Type of Cement	# Sacjs Used	Type and Per Additives			
Surface	10"	6"			20'	Portland	NA	Additives			
Casing	5 <del>1</del> "	2 3/8"	I		676 <b>'</b>	Portland	NA				
	1										
Purpose:	Depth			EMENTING / SQUEEZE RECORD							
Perforate Protect Casing Plug Back TD	Top Bottom	Type of Ce	ment #58	acks Used	Type and Percent Additives						
Plug Off Zone		PERFORATION RECORD - Bridge Plugs Set/ Specify Footage of Each Interval Perforated				Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Dept					
	PERFORATION Specify F	Footage of Each In	nterval Perforated	уре			erial Used)				
Plug Off Zone	Specify F	ON RECORD - B Footage of Each In RECEIVEL ORPORATION C	nterval Perforated	уре			erial Used)				
Plug Off Zone	Specify F	RECEIVE	nterval Perforated  OMMISSION	ype			erial Used)				
Plug Off Zone	Specify F	RECEIVEL ORPORATION C	DOMMISSION  2000  DIVISION	ype			erial Used)				
Plug Off Zone	Specify F	RECEIVEL ORPORATION CONSERVATION CONSERVATIO	DECOMMISSION  2000  DIVISION  SEAS	ype ker At		Amount and Kind of Mat	erial Used)				
Shots Per Foot	Specify F STATE C	RECEIVEL ORPORATION C FEB 2 4 ONSERVATION D Wichita, Kan	DECOMMISSION  2000  DIVISION  SEAS		()	Amount and Kind of Mat		or (Explain)			
Shots Per Foot  TUBING RECORD  Date of First, Resumerd	Specify F  STATE C  CC  Size  Production, SWD or E	FEB 2 4  ONSERVATION C Wichita, Kan Set At	nterval Perforated D COMMISSION 2000 DIVISION Sas	xer At	Liner Run	Mount and Kind of Mat		er <i>(Explain)</i> Grav			