

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 # 32380
Name: STP, Inc.
Address: 914 NW 73rd Street
City/State/Zip: Oklahoma City, OK 73116
Purchaser: _____
Operator Contact Person: Richard Marlin
Phone: (405) 840-9894
Contractor: Name: McPherson Drilling
License: 5675
Wellsite Geologist: Wally Yuras
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)
If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
12-10-01 12-12-01 1-30-02
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

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API No. 15 - 099-23177-0000
County: Labette
N2. SE. SW. SW Sec. 18 Twp. 34 S. R. 18 East West
500 feet from S / N (circle one) Line of Section
900 feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Neer Well #: 2-18
Field Name: Valeda
Producing Formation: Weir Pitt
Elevation: Ground: 757 Kelly Bushing: _____
Total Depth: 885 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 22 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 844
feet depth to Surface w/ 100 sx cmt.
Alt II with 9-29-02
Drilling Fluid Management Plan Alt II
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used AIR DRILLED
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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, workover 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 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 geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. 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: Richard Marlin
Title: Operations Manager Date: 3/9/02
Subscribed and sworn to before me this 18th day of March
18 2002
Notary Public: Deborah Williams
Date Commission Expires: July 6, 2004

KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

✓

X

Operator Name: STP, Inc. Lease Name: Neer Well #: 2-18
 Sec. 18 Twp. 34 S. R. 18 East West County: Labette

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray Neutron/Cement Bond Temperature Log Dual Induction Log Compensated Density Neutron Log	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum Oswego 280 Iron Post 375 Weir 564 Bartlesville 599 Mississippi 843
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CASING RECORD <input 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	12 1/4	8 5/8	24	22	Grout		
	6 3/4	4 1/2	9 1/2	844	Diacell	100	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
4	566 - 570	3.125 EEG	

TUBING RECORD		Size 2 3/8	Set At 601	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 1/30/02			Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		10	93		

Disposition of Gas <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval _____
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211 W. 14TH STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

ORIGINAL

TICKET NUMBER 16372

LOCATION B'ville

FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
1-10-02	7551	Neck #2-18		18			Labelle	
CHARGE TO				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5401	1	PUMP CHARGE LONGSTRING		525.00
5402	844'			118.16
3123	65#	DIACEL RL	*	767.00
1128	40#	LOMAR D	*	198.00
1110	10 sk	GILSONITE	*	197.00
1111	250 #	SALT	*	52.50
1111A	100#	METS0	*	135.00
1107	2 sk	FLO Seal	*	75.50
1123	1900 gal	City H ₂ O	*	21.38
4404	1 ea	4 1/2 Rubber plug	*	29.25
		BLENDING & HANDLING		
5407	min	TON-MILES		190.00
		STAND BY TIME		
		MILEAGE		
5501	2 1/2 hr	WATER TRANSPORTS		187.50
5502	2 1/2 hr	VACUUM TRUCKS		175.00
		FRAC SAND		
1104	100 sk	CEMENT	*	920.00
		SALES TAX		131.76
		ESTIMATED TOTAL		3723.05

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Jeff Graham
CIS FOREMAN

CUSTOMER or AGENTS SIGNATURE

CIS FOREMAN

CUSTOMER or AGENT (PLEASE PRINT)

DATE

176743

ORIGINAL

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

TICKET NUMBER **20750**
LOCATION Bulle
FOREMAN [Signature]

TREATMENT REPORT

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
1-0-02	7551	Neer # 2-18		18	?		Labotte	
CHARGE TO				OWNER				
MAILING ADDRESS				OPERATOR				
CITY				CONTRACTOR				
STATE		ZIP CODE		DISTANCE TO LOCATION				
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				

WELL DATA

HOLE SIZE	6 3/4
TOTAL DEPTH	
CASING SIZE	4 1/2
CASING DEPTH	844
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA	

TYPE OF TREATMENT

<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input checked="" type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS

	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTION PRIOR TO JOB

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JOB SUMMARY

DESCRIPTION OF JOB EVENTS: est. circ - ran 100 st Diacel mix - washed up lines + pump - dropped plug - displaced to bottom + set - shut in

PRESSURE SUMMARY

BREAKDOWN or CIRCULATING	psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi
MINIMUM	psi
AVERAGE	psi
ISIP	psi
5 MIN SIP	psi
15 MIN SIP	psi

TREATMENT RATE

BREAKDOWN BPM
INITIAL BPM
FINAL BPM
MINIMUM BPM
MAXIMUM BPM
AVERAGE BPM

AUTHORIZATION TO PROCEED

TITLE

DATE

ALL THE TERMS AND CONDITIONS STATED ON THE REVERSE SIDE ARE INCORPORATED AS PART OF THIS SALE.