

ORIGINAL

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 9125

Name: B.A. Younger Oil Co.

Address Box 278

City/State/Zip Victoria, Kansas 67671

Purchaser: N/A

Operator Contact Person: Jeff Younger

Phone (913) 625-3107

Contractor: Name: Western Kansas Drilling, Inc.

License: 4083

Wellsite Geologist: Randall Kilian

Designate Type of Completion

☒ New Well ☐ Re-Entry ☐ Workover
☐ Oil ☐ SWD ☐ Temp. Abd.
☐ Gas ☐ Inj ☐ Delayed Comp.
☒ Dry ☐ Other (Core, Water Supply, etc.)

If **OWO**: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

☒ Mud Rotary ☐ Air Rotary ☐ Cable

9-26-90 10-1-90 10-1-90

Spud Date Date Reached TD Completion Date

API NO. 15- 163-23,116 60-00

County Rooks

N/2 NE NW Sec. 32 Twp. 09 Rge. 19 XX East West

4950' ☒ Ft. North from Southeast Corner of Section

3300' ☒ Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

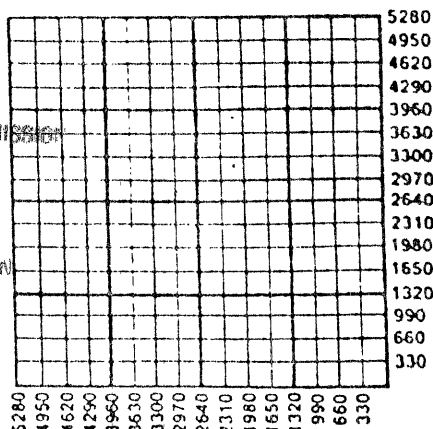
Lease Name Allphin Well # 1

Field Name Unknown

Producing Formation N/A

Elevation: Ground 2177' KB 2182'

Total Depth 3734' PBTD 3700'



ATD Dry

Amount of Surface Pipe Set and Cemented at 270' Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☐ No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 apply. Information on 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

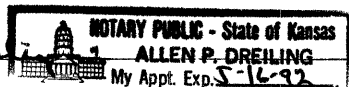
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature [Signature]

Title Operator Date 11-24-91

Subscribed and sworn to before me this 24th day of November, 1991.

Notary Public [Signature]



Date Commission Expires _____

K.C.C. OFFICE USE ONLY

F ☐ Letter of Confidentiality Attached
C ☐ Wireline Log Received
C ☐ Drillers Timelog Received

Distribution

☒ KCC ☐ SWD/Rep ☐ NGPA
☐ KGS ☐ Plug ☐ Other
(Specify)

SIDE 10

Operator Name B.A. Younger Oil Co. Lease Name Allphin Well # 1
 Sec. 32 Twp. 09 Rge. 19 ☐ East ☒ West
 County Rooks

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken ☐ Yes ☒ No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey ☐ Yes ☒ No
 Cores Taken ☐ Yes ☒ No
 Electric Log Run ☐ Yes ☒ No
 (Submit Copy.)

Formation Description

☐ Log ☒ Sample

Name	Top	Bottom
Anh.	1605-43	+ 577
Top.	3190	-1008
Heeb.	3398	-1216
Tor.	3417	-1235
Lansing	3436	-1254
Base Kc.	3672	-1490

CASING RECORD

☒ New ☐ 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 $\frac{1}{4}$ "	8 5/8	20#	270'	60/40 poz	135sks	2%gel 3%cc

Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First Production	Producing Method	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)

Disposition of Gas: ☐ Vented ☐ Sold ☐ Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: ☐ Open Hole ☐ Perforation ☐ Dually Completed ☐ Commingled ☐ Other (Specify) _____

Production Interval _____