E Wiedl Birther

Kansas Corporation Commission Oil & Gas Conservation Division

ORGA

Form ACO-1

September 1999
Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

| County: _ | | rard | ··· | | | | | | | |
|---|------------|---|----------------|----------|-------------|--------|-------|--------|----------------|------|
| _E/2 | | | | | | | | | | |
| *************************************** | 330 | *************************************** | feet fr | rom S | M) | circle | one) | Line o | of Sect | tion |
| *************************************** | 1250 | | feet fr | rom E | | circle | one) | Line | of Sec | tion |
| Footages | Calcula | ated fron | n Neare | st Out | side S | Sectio | ın Co | rner: | | |
| | - | de one) | | | | | | | | |
| Lease Na | me: | | Anthony | у В | | _Well | #: _ | | 3 | |
| Field Nam | | | | | | , | | | | |
| Producing | | | | | | | | | | |
| Elevation: | | | | | | | | | | |
| Total Dep | th:6 | <u> 8550</u> | _ Plug I | 3ack T | Γotal I | Depth | ı: | 6 | 175 | |
| Amount of | Surfac | e Pipe S | 3et and | Ceme | nted | at | 1 | 654 | | feet |
| Multiple S | tage Ce | ementing | g Collar | Used? | ? | | | X Y | es 🗌 | No |
| If yes, sho | w dept | h set | 3217 | | | | | | | |
| If Alternate | e II com | npletion, | cement | circul | ated f | from | | | | |
| feet depth | | | | | | | | | | |
| *************************************** | | | | | | | | | | |
| Drilling Flu | ıid Man | agemen | it Plan | | | | | | | |
| (Data must be | e collecte | d from the l | Reserve Pi | it) | | | | | | |
| Chloride c | ontent , | <u>1500 m</u> | <u>g/l</u> ppn | n Flu | id vol | ume . | 1 | 600 | i | bbls |
| Dewaterin | g meth | od used | Eva | poratio | on | | | | | |
| Location o | f fluid d | lisposal | if hauled | d offsit | ie: | | | | | |
| Operator N | ا lame: ِ | | | | | | | | | |
| Lease Nar | ne: | | | l | Licens | se No | ·: | | | |
| Quarter | s | ec | Twp, | | _S. F | ₹ | |] Eas | st 🛛 V | Ves |
| County: | | | Do | cket N | lo.: _ | | | | · | |
| | | | | | | ı | | | | |
| | | | | | | - D. | ' | 2070 | V # 15 m lm 14 | |
| sac Carno | ·ration : | | | | | | | | WUChin | ta. |
| nsas Corpo sion of a v ths if reque | vell. Ru | ule 82-3- | -130, 82- | -3-106 | and | 82-3- | 107 | apply. | | · |

INSTRUCTIONS: An original an two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market – Room 2078, Wichita, Kansas 6702, 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 CEMENTINGTICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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 CEMENTINGTICKETS 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:

Capital Project

Date 09/18/06

If Denied, Yes Date:

Wireline Log Received

Geologist Report Received

UIC Distribution

CC WICE IT A

ANITA PETERSON
Notary Public - State of Kansas
My Appt. Expires October 1, 2009

Operator: License #

Address:

Designate Type of Completion:

Operator:

Plug Back

___ Commingled

05/25/06

Spud Date or

Recompletion Date

Dual Completion

Other (SWD or Enhr.?)

Phone: (620) 629-4200

Purchaser:

License:

X New Well

City/State/Zip: Liberal, KS 67905

Wellsite Geologist: Marvin T. Harvey, Jr.

____Oil ____SWD ____SIOW

X Gas ENHR SIGW

If Workover/Re-entry: Old Well Info as follows:

Well Name:

Original Comp. Date: _____ Original Total Depth: ____

____ Deepening ____ Re-perf. ____ Conv. To Enhr./SWD

06/04/06

Date Reached TD

Operator Contact Person: Vicki Carder

30606

Contractor: Name: Murfin Drilling Co. Inc.

_____ Re-Entry

Dry Other (Core, WSW, Expl, Cathodic, etc)

5447 OXY USA Inc. P.O. Box 2528

ONEOK

Workover

Temp. Abd.

07/13/06

Completion Date or

Recompletion Date

Plug Back Total Depth

Docket No.

Docket No.

Docket No.

