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

7079
Operator: License # _____
Name: Don Fox
Address: PO Box 446
City/State/Zip: Chase, KS 67524
Purchaser: _____
Operator Contact Person: Duane Wood
Phone: (620) 938-2602
Contractor: Name: Sterling Drilling Co
License: 5142
Wellsite Geologist: Wayne Lebsack

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Designate Type of Completion:
X New Well ___ Re-Entry ___ Workover
X Oil ___ SWD ___ SIOW ___ Temp. Abd.
___ Gas ___ ENHR ___ SIGW
X Dry ___ Other (Core, WSW, Expl., Cathodic, etc.)

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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. _____

10/7/03	10/14/03	DA
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 159-22413-0000
County: Rice
N/2 - SE - SW - NE Sec. 12 Twp. 20 S. R. 10 ☐ East ☒ West
2160 feet from S / (N) (circle one) Line of Section
1600 feet from (E) / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Sieker Well #: 1
Field Name: Chase Silica
Producing Formation: Arbuckle
Elevation: Ground: 1752 Kelly Bushing: 1761
Total Depth: 3300 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 241 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to 240 w/ 165 sx 60-40, 2% gel, 3% cc sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 37000 ppm Fluid volume 800 bbls
Dewatering method used x
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: Don Fox Owner Don Fox 11/14/03
Title: _____ Date: _____
Subscribed and sworn to before me this 14 day of November, 2003
Notary Public: Margaret Melcher
Date Commission Expires: 2/15/07

MARGARET MELCHER
NOTARY PUBLIC
State of Kansas
My Appointment Exp. 2-15-07

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

Side Two

Operator Name: Don Fox Lease Name: Sieker Well #: 1

Sec. 12 Twp. 20 S. R. 10 East X West County: Rice

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 (Attach Additional Sheets)	X Yes	No
Samples Sent to Geological Survey	X Yes	No
Cores Taken	Yes	X No
Electric Log Run (Submit Copy)	Yes	X No

List All E. Logs Run: none

Log Formation (Top), Depth and Datum Sample

Name Top Datum

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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
	12 1/4"	8 5/8"	24	237'	165 sx	60-40 poz	2% gel, 3% cc

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: ___ Perforate ___ Protect Casing ___ Plug Back TD ___ Plug Off Zone	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives

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
	DRY HOLE		
	PLUGGED		

TUBING RECORD Size	Set At	Packer At	Liner Run Yes No

Date of First, Resumed Production, SWD or Enhr.	Producing Method Flowing Pumping Gas Lift Other (Explain)				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas METHOD OF COMPLETION Production Interval

☐ Vented Sold ☐ Used on Lease (If vented, Sumit ACO-18.)

Open Hole Perf. Dually Comp. ☐ Commingled _____

☐ Other (Specify) _____