

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33097  
Name: Southern Star Central Gas Pipeline  
Address: 4700 Highway 56  
City/State/Zip: Owensboro, KY 42304-0010  
Purchaser: \_\_\_\_\_  
Operator Contact Person: D. Mark Rouse  
Phone: ( 270 ) 852-4490  
Contractor: Name: Hurricane Well Service, Inc.  
License: 32006  
Wellsite Geologist: \_\_\_\_\_

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: Southern Star Central Gas Pipeline  
Well Name: North Welda # 65

Original Comp. Date: 3/22/23 Original Total Depth: 958'

\_\_\_\_\_ Deepening \_\_\_\_\_ Re-perf. \_\_\_\_\_ Conv. to Enhr./SWD  
☒ Plug Back 846' Plug Back Total Depth  
\_\_\_\_\_ Commingled \_\_\_\_\_ Docket No. \_\_\_\_\_  
\_\_\_\_\_ Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_  
☒ Other (SWD or Enhr.) \_\_\_\_\_ Docket No. S-019

2/8/2005 2/8/2005 2/8/2005  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 003-19301-00-05  
County: Anderson  
SE NE NE Sec. 34 Twp. 21 S. R. 19 ☒ East ☐ West  
4261' feet from 6 / N (circle one) Line of Section  
286' feet from 6 / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: North Welda Well #: 65

Field Name: North Welda Storage Field

Producing Formation: Colony Sand

Elevation: Ground: 1101' Kelly Bushing: \_\_\_\_\_

Total Depth: 958' Plug Back Total Depth: 846'

Amount of Surface Pipe Set and Cemented at 10' 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.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit) WtH  
3-24-07

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls

Dewatering method used \_\_\_\_\_

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: D. Mark Rouse

Title: Staff Geologist Date: 2/8/2005

Subscribed and sworn to before me this 8th day of March

20 05

Notary Public: Chaplain A. M. Price, Ky State at Large

Date Commission Expires: 7/29/2006

KCC Office Use ONLY

\_\_\_\_\_ Letter of Confidentiality Received

If Denied, Yes ☐ Date: \_\_\_\_\_

\_\_\_\_\_ Wireline Log Received

\_\_\_\_\_ Geologist Report Received

\_\_\_\_\_ UIC Distribution

RECEIVED

MAR 14 2005

KCC WICHITA

Operator Name: Southern Star Central Gas Pipeline Lease Name: North Welda Well #: 65  
 Sec. 34 Twp. 21 S. R. 19 ☒ East ☐ West County: Anderson

**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 (Attach Additional Sheets)  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 type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy)  List All E. Logs Run:	<input type="checkbox"/> Log    Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <div style="display: flex; justify-content: space-between;"> <span>Name</span> <span>Top</span> <span>Datum</span> </div>
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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

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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	846'	Class A	55 sacks	

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

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method <input type="checkbox"/> Flowing <input 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

Disposition of Gas    METHOD OF COMPLETION    Production Interval

☐ Vented    ☐ Sold    ☐ Used on Lease    ☐ Open Hole    ☐ Perf.    ☐ Dually Comp.    ☐ Commingled  
 (If vented, Submit ACO-18.)    ☐ Other (Specify)

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**MAR 14 2005**  
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