

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

*per memo 6/11/08*

Operator: License # 31722  
Name: Glacier Petroleum Company, OKLA, Inc.  
Address: 9400 North Broadway Ext., Suite 610  
City/State/Zip: Oklahoma City, Oklahoma 73114  
Purchaser: N/A  
Operator Contact Person: Kit Throgmorton  
Phone: ( 405 ) 840-2625  
Contractor: Name: Murfin Drilling Company  
License: 30606  
Wellsite Geologist: N/A

Designate Type of Completion:  
 New Well     Re-Entry     Workover  
 Oil     SWD     SLOW     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. \_\_\_\_\_

<u>4-6-07</u>	<u>4-14-07</u>	<u>5-25-07</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 129-21795-0000  
County: Morton  
C NW NW Sec. 17 Twp. 35 S. R. 43  East  West  
660' feet from S / (N) (circle one) Line of Section  
660' feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: Grassland Well #: 1-17  
Field Name: Elkhart West  
Producing Formation: Topeka  
Elevation: Ground: 3650 Kelly Bushing: 3661  
Total Depth: 4420 Plug Back Total Depth: 2930  
Amount of Surface Pipe Set and Cemented at 1446 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set 3129 Feet  
If Alternate II completion, cement circulated from \_\_\_\_\_  
feet depth to \_\_\_\_\_ sx cmt.  
*PP - Dig - w/ 6/30/08*

**Drilling Fluid Management Plan**  
*(This must be included from the Operator's PDI)*  
Chloride content 1500 ppm Fluid volume 3500 bbls  
Dewatering method used truck and evaporation  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: Robinson  
Lease Name: Hall Salt Water Disposal License No.: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
County: Beaver/Oklahoma 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: [Signature]  
Title: President Date: 7-11-07  
I have read and sworn to before me this 4 day of June,  
# 0017046  
Notary Public for the State of Oklahoma  
Date Commission Expires: 11/10/08  
[Signature]  
11/10/2008  
17046

**KCC Office Use ONLY**

Letter of Confidentiality Received  
 If Denied, Yes  Date: \_\_\_\_\_

Wireline Log Received **RECEIVED**  
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Geologist Report Received  
 UIC Distribution

**JUN 09 2008**  
CONSERVATION DIVISION  
WICHITA, KS

Operator Name: Glacier Petroleum Company, OKLA, Inc. Lease Name: Grassland Well #: 1-17  
 Sec. 17 Twp. 35 S. R. 43  East  West County: Morton

**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  Yes  No  
 (Attach Additional Sheets)

Samples Sent to Geological Survey  Yes  No

Cores Taken  Yes  No

Electric Log Run  Yes  No  
 (Submit Copy)

List All E. Logs Run:

Dual, Density/Nuetron, Microlog

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Name	Top	Datum
Neva	2452	+1211
Topeka	2855	+806
Morrow Shale	4202	-541
Morrow Sand	4281	-620
TD	4420	

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CASING RECORD  New  Used

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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
Conductor	32"	20"		41'	Grout	6 yd	
Surface	12 1/4	8 5/8	24 #	1446'	Lite / Common	550/150	
Production	7 7/8	4 1/2	10.5#	4414'	50/50 Poz	210sx	10% salt

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				
	3129-30	50/50 Poz "A"	210 sx	10% salt
	2940-01	Class "G"	150 sx	10% salt

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
2 spf	Production Perforations	Acidize Morrow 1500 gal 15% Hcl	4284-94
	CIBP	2 sx cement	4150-51'
4 spf	Squeeze Holes	Squeeze w/150sx, Class G, 10% salt.	2940-01
	Cement Retainer		2930-31
2 spf	Production Perforations	Acidize Topeka 1500 gal 15% Hcl	2878-88

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. N/A	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls. 0	Gas Mcf 15	Water Bbls. 10	Gas-Oil Ratio	Gravity
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Disposition of Gas      METHOD OF COMPLETION      Production Interval

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

API No.  
**15129 21795**  
 OTG/OCC Operator No.  
**31722**

**CEMENTING REPORT**  
 To Accompany Completion Report

Form 1002C  
 Rev. 1996

**OKLAHOMA CORPORATION COMMISSION**  
 Oil & Gas Conservation Division  
 Post Office Box 52000-2000  
 Oklahoma City, Oklahoma 73152-2000  
 OAC 165:10-3-4(h)

**ATTENTION: IMPORTANT REGULATORY DOCUMENT**  
 retain for your records and file with  
 appropriate agency.

All operators must include this form when submitting the Completion Report, (Form 1002A). The signature on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with OAC 165:10-3-4(h). It may be advisable to take a copy of this form to location when cementing work is performed.

TYPE OR USE BLACK INK ONLY

*Field Name <b>Elkhart West</b>				OCC District	
*Operator <b>GLACIER PETROLEUM COMPANY</b>				OCC/OTC Operator No <b>31722</b>	
*Well Name/No. <b>GRASSLAND #1-17</b>				County <b>Morton</b>	
*Location 1/4    1/4    1/4    1/4	Sec <b>17</b>	Twp <b>35S</b>	Rge <b>43W</b>		

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date					<b>05-18-057</b>	
*Size of Drill Bit (Inches)						
*Estimated % wash or hole enlargement used in calculations						
*Size of Casing (inches O.D.)						
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level						
Type of Cement (API Class) In first (lead) or only slurry					<b>CLASS G</b>	
In second slurry						
In third slurry						
Sacks of Cement Used In first (lead) or only slurry					<b>150</b>	
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft)(14.X15.) in first (lead) or only slurry					<b>186</b>	
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)					<b>813</b>	
Cement left in pipe (ft)					<b>10</b>	

\*Amount of Surface Casing Required (from Form 1000) \_\_\_\_\_ ft.

*Was cement circulated to Ground Surface? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Was Cement Staging Tool (DV Tool) used? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Was Cement Bond Log run? <input type="checkbox"/> Yes <input type="checkbox"/> No (If so, Attach Copy)	*If Yes, at what depth?

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CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM

**JUN 09 2008**

\* Designates items to be completed by Operator.  
 Items not so designated shall be completed by the Cementing Company.


CONSERVATION DIVISION  
 WICHITA, KS

Remarks

\*Remarks

**CEMENTING COMPANY**


I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.



Signature of Cementer or Authorized Representative

**OPERATOR**

I declare under applicable Corporation Commission rule, that I have knowledge of the well data and information presented in this report, and that data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers all well data and information presented herein.



Signature of Operator or Authorized Representative

Name & Title Printed or Typed	
RANDALL COBLE, Service Supervisor	
Halliburton Energy Services	
Address	
1100 W. PANCAKE BLVD.	
City	
LIBERAL	
State	Zip
KS	67901
Telephone (AC) Number	
800-853-3555	
Date	
05-18-07	

*Name & Title Printed or Typed	
R.W. THROGMORTON	
*Operator	Glacier Petroleum Co., Okla, Inc
*Address	9400 N. Broadway Ext. # 610
Oklahoma City, OK 73114	
*City	
*State	*Zip
*Telephone (AC) Number	
(405) 840 2625	
*Date	
06/04/08	

**INSTRUCTIONS**

- This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, as an attachment to the Completion Report (Form 1002A) for a producing well or a dry hole.
  - An original of this form shall be filed as an attachment to the Completion Report, (Form 1002A), for each cementing company used on a well.
  - The cementing of different casing strings on a well by one cementing company may be consolidated on one form.
- Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4(h).
- Set surface casing 50 feet below depth of treatable water to be protected and cement from casing shoe to ground surface or as allowed by OAC 165:10-3-4(h).
- IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.**