

JAN 1986

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

5

API No. 15-193-20,421-0000  
County.....Thomas.....  
.....NW..NE. Sec. 23. Twp 10S. Rge. 31W. X East  
.....  
.....4610..... Ft North from Southeast Corner of Section  
.....1970..... Ft West from Southeast Corner of Section  
(Note: Locate well in section plat below)

Lease Name.....Broeckelman "D"..... Well #. 1.....  
Field Name.....  
Producing Formation.....  
Elevation: Ground.....2953!.....KB.....2959!.....

Operator: License # 5181  
Name ..Donald C. Slawson  
Address ..200 Douglas Bldg  
City/State/Zip ..Wichita, KS..67202

Purchaser.....

Operator Contact Person ..Bill Horigan  
Phone ..(316) 263-3201

Contractor: License # 5656  
Name ..Slawson Drilling Co.

Wellsite Geologist...Bob Jenkins  
Phone.....(316) 263-3201

Designate Type of Completion  
X New Well    \_\_\_ Re-Entry    \_\_\_ Workover  
\_\_\_ Oil            \_\_\_ SWD            \_\_\_ Temp Abd  
\_\_\_ Gas            \_\_\_ Inj            \_\_\_ Delayed Comp.  
X Dry            \_\_\_ Other (Core, Water Supply etc.)

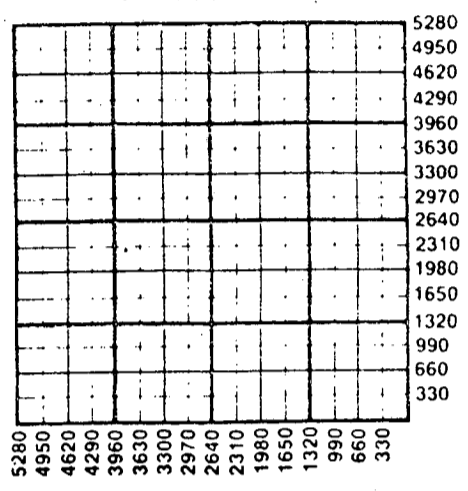
If **OWNO**: old well info as follows:  
Operator ..  
Well Name ..  
Comp. Date ..Old Total Depth.....

WELL HISTORY

Drilling Method:  
X Mud Rotary    \_\_\_ Air Rotary    \_\_\_ Cable  
..11-6-86..    ..11-14-86..    ..11-14-86....  
Spud Date    Date Reached TD    Completion Date  
..4670.....  
Total Depth    PBTD

Amount of Surface Pipe Set and Cemented at 244 feet  
Multiple Stage Cementing Collar Used? \_\_\_ Yes \_\_\_ No  
If yes, show depth set.....feet  
If alternate 2 completion, cement circulated from.....feet depth to.....w/.....SX cmt  
Cement Company Name ..  
Invoice # ..

Section Plat



WATER SUPPLY INFORMATION

Disposition of Produced Water:    \_\_\_ Disposal  
Docket # .....    \_\_\_ Repressuring

Questions on this portion of the ACO-1 call:  
Water Resources Board (913) 296-3717

Source of Water:  
Division of Water Resources Permit #.....  
\_\_\_ Groundwater.....Ft North from Southeast Corner  
(Well)    .....Ft West from Southeast Corner of  
Sec    Twp    Rge    \_\_\_ East    \_\_\_ West  
\_\_\_ Surface Water.....Ft North from Southeast Corner  
(Stream, pond etc).....Ft West from Southeast Corner  
Sec    Twp    Rge    \_\_\_ East    \_\_\_ West  
\_\_\_ Other (explain).....  
(purchased from city, R.W.D. #)

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. 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 ..*William R. Horigan*.....  
Title.....Kansas Operations Manager..... Date ..Dec..9, 1986

Subscribed and sworn to before me this 9<sup>th</sup> day of December 19..86..  
Notary Public.....*Elizabeth Cochran*.....

Date Commission Expires.....  
STATE CORPORATION COMMISSION  
ELIZABETH COCHRAN  
NOTARY PUBLIC  
STATE OF KANSAS  
My Appt. Exp. 7-8-90

K.C.C. OFFICE USE ONLY  
 Letter of Confidentiality Attached  
 Wireline Log Received  
 Drillers Timelog Received  
Distribution  
 KCC    \_\_\_ SWD/Rep    \_\_\_ NGPA  
 KGS    \_\_\_ Plug    \_\_\_ Other  
(Specify)  
.....

DEC 12 1986  
12-12-86  
CONSULTING ENGINEER  
Wichita, Kansas

Sec 23, Twp. 10Rge. 31W

Operator Name ..... Donald C. Slawson ..... Lease Name ..... Broeckelman "D" ..... Well # ..... 1 .....

Sec. 23 ..... Twp. 10S ..... Rge. 31W .....  East  West County ..... Thomas .....

WELL LOG

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  
Samples Sent to Geological Survey  Yes  No  
Cores Taken  Yes  No

Formation Description  
 Log  Sample

Name	Top	Bottom
ANHY	2530	(+429)
B/ANHY	2560	(+399)
HEEB	3988	(-1029)
TOR	4010	(-1051)
LANS	4027	(-1068)
MUN CR	4158	(-1199)
STK	4243	(-1284)
BKC	4303	(-1344)
MARM	4326	(-1367)
PAW	4422	(-1463)
MYR ST	4469	(-1510)
FS	4492	(-1533)
CHER	4522	(-1563)
JZ	4564	(-1605)
MISS	4622	(-1663)
LTD	4671	(-1712)

DST. #1: 4400-4494 (MYR ST)  
30-45-45-60 WB incr. to FB, 2nd OP-  
FB decr. to WB  
Rec. 374' Drilling mud. CHL- 2,000, -  
SYS- 2,000. IFP: 55-137, FFP: 146-229  
ISIP: 1060. FSIP: 1042, HP: 2216-2189

RELEASED

JAN 11 1989

FROM CONFIDENTIAL

<p align="center">CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p> <p align="center">Report all strings set-conductor, surface, intermediate, production, etc.</p>							
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	12-1/4	8-5/8	24#	244	60/40	165	2% gel
<p align="center">PERFORATION RECORD</p>				<p align="center">Acid, Fracture, Shot, Cement Squeeze Record</p>			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used)			Depth
<p>TUBING RECORD</p>				<p>Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
Date of First Production	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	Gas	Water	Gas-Oil Ratio	Gravity		
	Bbls	MCF	Bbls	CFPB			

METHOD OF COMPLETION

Production Interval

Disposition of gas:  Vented  Open Hole  Perforation  
 Sold  Other (Specify) .....  
 Used on Lease  Dually Completed .....  
 Commingled .....