

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

ORIGINAL

Operator: License # 32380  
Name: STP, Inc.  
Address: 914 NW 73rd Street  
City/State/Zip: Oklahoma city, OK 73116  
Purchaser: STP, Inc.  
Operator Contact Person: Richard Marlin  
Phone: ( 405 ) 840-9894 ext 14  
Contractor: Name: McPherson Drilling, LLC  
License: 5675  
Wellsite Geologist: W. Stoeckinger  
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: \_\_\_\_\_  
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. \_\_\_\_\_  
1/26/01 1/27/01  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

CONSERVATION DIVISION  
MAY 11 2001

API No. 15 - 099-23137-0000  
County: Labette  
SWNW NE Sec. 11 Twp. 35 S. R. 17  East  West  
956 feet from S / (N) (circle one) Line of Section  
2310 feet from (E) W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
(circle one) (NE) SE NW SW  
Lease Name: Hayes Well #: 5-11  
Field Name: coffeyville - cherryvale  
Producing Formation: \_\_\_\_\_  
Elevation: Ground: 819 ft Kelly Bushing: na  
Total Depth: 960 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at 20 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from 734  
feet depth to surface w/ 100 sx cmt.

**Drilling Fluid Management Plan** *cut II KJR 1/8/08*  
(Data must be collected from the Reserve Pit) **(Air Drilled)**  
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: Richard Marlin  
Title: Operations Manager Date: 5/8/01  
Subscribed and sworn to before me this 8th day of May, 2001  
Notary Public: Pepeccat Williams  
Date Commission Expires: July 6, 2004

**KCC Office Use ONLY**  
 Letter of Confidentiality Attached  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

Operator Name: STP, Inc. Lease Name: Hayes Well #: 5-11  
 Sec. 11 Twp. 35 S. R. 17  East  West County: Labette

**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:

comp. Density Neutron  
 dual Induction  
 temp

Log Formation (Top), Depth and Datum  Sample  
 Name Top Datum

RECEIVED  
 KANSAS CORPORATION COMPTON  
 MAY 11 2001  
 CONSERVATION DIRECTOR

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
conductor	11	8 5/8	na	20	Reg	4	Neat
production	6 3/4	4 1/2	9 1/2	734	class A	100	2% Salt Diacell

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				

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
	completion pending		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed 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  Vented  Sold  Used on Lease (If vented, Sumit ACO-18.)

METHOD OF COMPLETION **completion pending** Production Interval

Open Hole  Perf.  Dually Comp.  Commingled  Other (Specify) \_\_\_\_\_



# CONSOLIDATED

## INDUSTRIAL SERVICES

AN INFINITY COMPANY

211 W. 14TH STREET, CHANUTE, KS 66720  
316-431-9210 OR 800-467-8676

TICKET NUMBER **17781**

LOCATION Bartlesville

FIELD TICKET

# ORIGINAL

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
3-23-01	2551	Heyes 5-11						
CHARGE TO <u>STP</u>				OWNER				
MAILING ADDRESS <u>914 NW 73rd St.</u>				OPERATOR				
CITY & STATE <u>OKlahoma City, OK. 73116</u>				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5401	1	PUMP CHARGE Production 4 <sup>th</sup> well		472.50
5402	734'	HYDRAULIC HORSE POWER		95.42
1110	10 sks	gilsonite		184.00
1111	200 #	salt		40.00
1107	1 sk.	Flo-seal		35.25
	60 #	mandrel	630.00	<del>37800</del>
1128	40 #	lonar		184.00
111A	100 #	metso		125.00
4404	1	4 1/2 plug		27.30
		STAND BY TIME		
		MILEAGE		
		WATER TRANSPORTS		
5502	2 hrs.	VACUUM TRUCKS		130.00
		FRAC SAND		
1104	100 sks	CEMENT		860.00
		NITROGEN	tax	114.71
5407	1	TON-MILES		175.00
			ESTIMATED TOTAL	3073.10

NSCO #15097

CUSTOMER or AGENTS SIGNATURE

CIS FOREMAN Dave Red

CUSTOMER or AGENT (PLEASE PRINT)

DATE 3-23-01

171476

ORIGINAL

CONSOLIDATED OIL WELL SERVICES, INC.  
211 W. 14TH STREET, CHANUTE, KS 66720  
316-431-9210 OR 800-467-8676

TICKET NUMBER 16548  
LOCATION Biville  
FOREMAN Harold Leal

TREATMENT REPORT

DATE 3-27-01	CUSTOMER ACCT # 7551	WELL NAME Hayes 5-11	QTR/QTR	SECTION	TWP	RGE	COUNTY LB, KS	FORMATION
CHARGE TO STP				OWNER				
MAILING ADDRESS				OPERATOR				
CITY				CONTRACTOR				
STATE		ZIP CODE		DISTANCE TO LOCATION				
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				

WELL DATA

HOLE SIZE	6 7/8
TOTAL DEPTH	
CASING SIZE	4 1/2
CASING DEPTH	774
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA	

TYPE OF TREATMENT

<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input checked="" type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS

	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTION PRIOR TO JOB

JOB SUMMARY

DESCRIPTION OF JOB EVENTS Got circulation ran 100 sks. diacid mix dropped, plug displaced to 774. Set shoe short in

PRESSURE SUMMARY

BREAKDOWN or CIRCULATING	psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi
MINIMUM	psi
AVERAGE	psi
ISIP	psi
5 MIN SIP	psi
15 MIN SIP	psi

TREATMENT RATE

BREAKDOWN BPM
INITIAL BPM
FINAL BPM
MINIMUM BPM
MAXIMUM BPM
AVERAGE BPM

AUTHORIZATION TO PROCEED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

ALL THE TERMS AND CONDITIONS STATED ON THE REVERSE SIDE ARE INCORPORATED AS PART OF THIS SALE.