

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 # 33264
Name: Central Production Co. Inc.
Address: P.O.Box 334
City/State/Zip: Mound City, KS 66056
Purchaser: _____
Operator Contact Person: John Sperry
Phone: (417) 684-4294
Contractor: Name: David Casey
License: 33274

Wellsite Geologist: Jim Christiansen

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. _____

5/12/04 6/8/04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 099-23317-00-00

County: Labette

NE SW NE Sec. 10 Twp. 35 S. R. 21 ☐ East ☐ West

3658 feet from (S) N (circle one) Line of Section

1868 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE (SE) NW SW

Lease Name: Barr Well #: B17

Field Name: Chetopa

Producing Formation: Bartlesville

Elevation: Ground: 828.73 Kelly Bushing: _____

Total Depth: 121 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 92

feet depth to SURFACE w/ 26 sx cmt.

Drilling Fluid Management Plan Alt. 2 2/27/08
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used No fluid, drilled with air

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: _____

Title: Vice-president - Engr Date: 1/05/05

Subscribed and sworn to before me this 7th day of Jan

20 05

Notary Public: _____

Date Commission Expires: _____

CINDY A. LATHROP
Notary Public - Notary Seal
STATE OF MISSOURI
Vernon County
My Commission Expires: April 25, 2008

KCC Office Use ONLY

☐ Letter of Confidentiality Received

If Denied, Yes ☐ Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

Operator Name: Central Production Co. Inc. Lease Name: Barr Well #: B17
 Sec. 10 Twp. 35 S. R. 21 ☒ 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:

☐ Log Formation (Top), Depth and Datum ☒ Sample

Name Top Datum
Bartlesville 98-125 GL

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
Surface	12-1/4	8	24	20	Type I	6	
Production	7-5/8	4-1/2	10.6	92.6	Type I	26	

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

RECEIVED

JAN 20 2005

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TUBING RECORD	Size	Set At	Packer At	Liner Run
	1 inch	126	none	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.	Producing Method			
Jan 05	<input type="checkbox"/> Flowing <input checked="" 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
 (If vented, Submit ACO-18.)

☒ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled
☐ Other (Specify) _____

CONSOLIDATED OIL WELL SERVICES, INC.
211 W. 14TH STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

TICKET NUMBER 31810
LOCATION CHANUTE
FOREMAN Dwayne

TREATMENT REPORT

B-17

DATE <u>5-24-04</u>	CUSTOMER #	WELL NAME <u>BARR</u>	FORMATION
SECTION <u>10</u>	TOWNSHIP <u>35</u>	RANGE <u>21</u>	COUNTY <u>LB</u>
CUSTOMER <u>CENTRAL PRODUCTIONS</u>			
MAILING ADDRESS			
CITY			
STATE		ZIP CODE	
TIME ARRIVED ON LOCATION			

WELL DATA

HOLE SIZE <u>6-3/4</u>	PACKER DEPTH
TOTAL DEPTH <u>100</u>	PERFORATIONS
	SHOTS/FT
CASING SIZE <u>4 1/2</u>	OPEN HOLE
CASING DEPTH <u>95</u>	
CASING WEIGHT	TUBING SIZE
CASING CONDITION	TUBING DEPTH
	TUBING WEIGHT
	TUBING CONDITION
TREATMENT VIA <u>CEMENT PUMP</u>	

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>197</u>	<u>HERB</u>		
<u>230</u>	<u>JOHN</u>		
<u>285</u>	<u>CHRIS</u>		

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"/> MISP. PUMP | <input type="checkbox"/> |
| <input type="checkbox"/> OTHER | <input type="checkbox"/> |

PRESSURE LIMITATIONS

	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTION PRIOR TO JOB BREAK CIRCULATION PUMP 26 SKS CEMENT THEN SWITCH TO WATER AND DISPLACE WITH 1.75 BBL AND SHUT IN

AUTHORIZATION TO PROCEED

TITLE

DATE

TIME AM / PM	STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
							BREAKDOWN PRESSURE
							DISPLACEMENT
							MIX PRESSURE
							MIN PRESSURE
							ISIP
							15 MIN.
							MAX RATE
							MIN RATE

RECEIVED

JAN 20 2005

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