

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) 667-5062/684-4294  
Contractor: Name: David Casey  
License: 33274  
Wellsite Geologist: James L. Christiansen

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**JAN 20 2005**  
**KCC WICHITA**

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. \_\_\_\_\_

|                                   |  |
|-----------------------------------|--|
| 5/26/04                           | 6/10/04  |
| Spud Date or<br>Recompletion Date | Date Reached TD<br>Completion Date or<br>Recompletion Date |

API No. 15 - 099-23331-00-00  
County: Labette  
SE NW - NE - Sec. 10 Twp. 35 S. R. 21  East  West  
4070 feet from (S) N (circle one) Line of Section  
1472 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 #: B31  
Field Name: Chetopa

Producing Formation: Bartlesville  
Elevation: Ground: 829 Kelly Bushing: \_\_\_\_\_  
Total Depth: 116.5 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 88  
feet depth to SURFACE w/ 26 sx cmt.

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

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls  
Dewatering method used 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: 1/6/05

Subscribed and sworn to before me this 7<sup>th</sup> day of Jan,  
2005.

Notary Public: \_\_\_\_\_  
Date Commission Expires: \_\_\_\_\_

**SINDY 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 #: B31  
 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>(Submit Copy)</i><br><br>List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample<br><br>Name <u>Bartlesville</u> Top <u>88-116.5</u> Datum _____ |
|--|--|

| CASING RECORD <input type="checkbox"/> New <input checked="" 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 |
| Surface   | 12-1/4            | 8                         | 24               | 20            | Type I         | 6            |                            |
| Production  | 7-5/8             | 4-1/2                     | 10.6             | 88            | Type I         | 26           |                            |
|   |                   |                           |                  |               |                |              |                            |

| ADDITIONAL CEMENTING / SQUEEZE RECORD |                  |                |             |                            |
|---------------------------------------|------------------|----------------|-------------|----------------------------|
| Purpose:                              | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
| ___ Perforate                         |                  |                |             |                            |
| ___ Protect Casing                    |                  |                |             |                            |
| ___ Plug Back TD                      |                  |                |             |                            |
| ___ Plug Off Zone                     |                  |                |             |                            |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br>(Amount and Kind of Material Used)  | Depth |
|----------------|---|--|-------|
|                |   | <div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="margin: 0;"><b>RECEIVED</b></p> <p style="margin: 0;"><b>JAN 20 2005</b></p> <p style="margin: 0;"><b>KCC WICHITA</b></p> </div> |       |
|                |   |  |       |
|                |   |  |       |
|                |   |  |       |

|   |                    |  |                       |   |
|---|--------------------|--|-----------------------|---|
| TUBING RECORD   | Size <u>1 inch</u> | Set At <u>115</u>  | Packer At <u>none</u> | Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date of First, Resumerd Production, SWD or Enhr.<br><u>Est Jan 05</u> |                    | Producing Method <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 <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled _____<br><input type="checkbox"/> Other (Specify) _____ | Production Interval _____ |
|---|---|---------------------------|

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

TICKET NUMBER 31833  
 LOCATION Chanute  
 FOREMAN Dwayne

**TREATMENT REPORT**

B-31

|  |                       |                          |                          |
|--|-----------------------|--------------------------|--------------------------|
| DATE<br><u>6/10/04</u>                 | CUSTOMER #            | WELL NAME<br><u>Bart</u> | FORMATION                |
| SECTION<br><u>10</u>                   | TOWNSHIP<br><u>35</u> | RANGE<br><u>21</u>       | COUNTY<br><u>Labette</u> |
| CUSTOMER<br><u>Central Productions</u> |                       |                          |                          |
| MAILING ADDRESS                        |                       |                          |                          |
| CITY                                   |                       |                          |                          |
| STATE                                  |                       | ZIP CODE                 |                          |
| TIME ARRIVED ON LOCATION               |                       |                          |                          |

| TRUCK #    | DRIVER      | TRUCK # | DRIVER |
|------------|-------------|---------|--------|
| <u>197</u> | <u>Herb</u> |         |        |
| <u>103</u> | <u>John</u> |         |        |
| <u>870</u> | <u>Joe</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"/>                  |

**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> |                  |

**PRESSURE LIMITATIONS**

|                     | THEORETICAL | INSTRUCTED |
|---------------------|-------------|------------|
| SURFACE PIPE        |             |            |
| ANNULUS LONG STRING |             |            |
| TUBING              |             |            |

INSTRUCTION PRIOR TO JOB Break circulation Pump 26 Sacks cement then switch to water and Pump 1.75 BBL to Displace then 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           |
|              |       |              |          |              |              |     |                    |
|              |       |              |          |              |              |     |                    |

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