

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, MO 66056  
Purchaser: \_\_\_\_\_  
Operator Contact Person: John Sperry  
Phone: ( 417 ) 684-4294/667-5062  
Contractor: Name: David Casey  
License: 33274  
Wellsite Geologist: James L. Christiansen

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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. \_\_\_\_\_

5/5/04 6/17/04  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 099-23328-00-00  
County: Labette  
SW NW NE Sec. 10 Twp. 35 S. R. 21 ☒ East ☐ West  
4070 feet from (S) N (circle one) Line of Section  
2106 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 #: B28  
Field Name: Chetopa

Producing Formation: Bartlesville

Elevation: Ground: 828.98 Kelly Bushing: \_\_\_\_\_

Total Depth: 122 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 100

feet depth to SURFACE w/ 20 sx cmt.

Drilling Fluid Management Plan

(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 Date: 1/6/05

Subscribed and sworn to before me this 7<sup>th</sup> day of \_\_\_\_\_

2005

Notary Public: \_\_\_\_\_

Date Commission Expires: \_\_\_\_\_

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

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☐ 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 #: B28  
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 100-122 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	100	Type i	20	30% fine silica

**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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
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<b>TUBING RECORD</b>	Size <b>1 inch</b>	Set At <b>121</b>	Packer At <b>none</b>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. <b>Est Jan 05</b>		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
			<b>&lt;0.2</b>	

Disposition of Gas **METHOD OF COMPLETION**

☐ Vented ☐ Sold ☐ Used on Lease  
(If vented, Submit ACO-18.)

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

Production Interval

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

TICKET NUMBER 5111  
LOCATION Bartlesville  
FOREMAN Tracy Williams

## TREATMENT REPORT

DATE <u>5-2-04</u>	CUSTOMER #	WELL NAME <u>Bar B28</u>	FORMATION
SECTION <u>10</u>	TOWNSHIP <u>35S</u>	RANGE <u>21E</u>	COUNTY <u>Labette</u>
CUSTOMER <u>Central Production</u>			
MAILING ADDRESS			
CITY			
STATE		ZIP CODE	
TIME ARRIVED ON LOCATION			

WELL DATA	
HOLE SIZE <u>2 7/8</u>	PACKER DEPTH
TOTAL DEPTH <u>100</u>	PERFORATIONS
	SHOTS/FT
CASING SIZE <u>4 1/2</u>	OPEN HOLE
CASING DEPTH <u>100</u>	
CASING WEIGHT	TUBING SIZE
CASING CONDITION	TUBING DEPTH
	TUBING WEIGHT
	TUBING CONDITION
TREATMENT VIA	

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>289</u>	<u>Jim</u>		
<u>428</u>	<u>Danny</u>		
<u>103</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 & ran 20 sacks cement with 30% 1/4 mesh sand. Shutdown & washed up. Displaced cement to 85. 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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