

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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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. \_\_\_\_\_

6/9/04	8/12/04
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API No. 15 - 099-23344 0000  
County: Labette  
NE SW - NE - Sec. 10 Twp. 35 S. R. 21  East  West  
3520 feet from (S) N (circle one) Line of Section  
1791.5 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 #: NJU  
Field Name: Chetopa  
Producing Formation: Bartlesville  
Elevation: Ground: 828.13 Kelly Bushing: \_\_\_\_\_  
Total Depth: 100 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 90  
feet depth to SURFACE w/ 18 sx cmt.

Drilling Fluid Management Plan *Alt II KJR 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: \_\_\_\_\_

**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 #: NU  
 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 <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name <u>Bartlesville</u> Top <u>90-100</u> Datum <u>GL</u>
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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	Class A	6	
Production	7-5/8	5.5(0-20)	14.6	20	Class A	18	30% fine silica
		4.5(20-90)	10.6	90	(incl above)		

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
		<b>RECEIVED</b>  <b>JAN 20 2005</b>  <b>KCC WICHITA</b>	

TUBING RECORD	Size <u>2-3/8</u>	Set At <u>99</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. <u>Jan 05</u>		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio
			<b>injection well</b>	Gravity

Disposition of Gas  Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled  Other (Specify) \_\_\_\_\_  
*(If vented, Submit ACO-18.)*

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

TICKET NUMBER 1563  
 LOCATION Chanute  
 FOREMAN Dwayne

TREATMENT REPORT & FIELD TICKET  
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/23/04		Bart N-1 upper	10	35	21	28
CUSTOMER Central Productions						
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY						
STATE						
ZIP CODE						

JOB TYPE Long string HOLE SIZE \_\_\_\_\_ HOLE DEPTH 100 CASING SIZE & WEIGHT 5 1/2 20' 9 1/2 80'  
 CASING DEPTH 100' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 1.75 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Break circulation Pump 25 sacks cement and displace casing with 1 3/4 Bbl water

Portland A with 30% 100 mesh sand

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	3rd of 8 wells	PUMP CHARGE Cement Pump		
		MILEAGE		
2105	200 lb	100 mesh sand		
5407	min Mileage	Delivery cement		
5502	1 3/4 hr	Vac TK		
1104	18 sacks	Portland A		

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*[Handwritten signature]*  
 See # 25481

SALES TAX  
 ESTIMATED  
 TOTAL

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_