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: RECEIVED
Operator Contact Person: John Sperry JAN 20 2005
Phone: (417) 667-5062/684-4294
Contractor: Name: David Casey KCC WICHITA
License: 33274
Wellsite Geologist: James L. Christiansen

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.

6/18/04 Spud Date or Recompletion Date
Date Reached TD
8/3/04 Completion Date or Recompletion Date

API No. 15 - 099-23367-00-00
County: Labette
NW SW NE ____ Sec. 10 Twp. 35 S. R. 21 ☑ East ☐ West
3795 feet from (S) / N *(circle one)* Line of Section
2262.5 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 #: N12L
Field Name: Chetopa
Producing Formation: Bartlesville
Elevation: Ground: 832.55 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 104
feet depth to surface w/ 25 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 Date: 1/7/05
Subscribed and sworn to before me this 7th 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**

SIDE TWO

Operator Name: Central Production Co. Inc. Lease Name: Barr Well #: N12L

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 (Attach Additional Sheets) ☐ Yes ☑ No

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	104-121	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	8-5/8	24	20	Type I	6	
Production	7-5/8	5-1/2(0-20)	14.6	20	Type I	25	30% fine silica
		4-1/2(20-104)	10.6	104	(incl above)		

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: ___ Perforate ___ Protect Casing ___ Plug Back TD ___ Plug Off Zone	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives

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
KCC WICHITA

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-3/8	120	none	☐ Yes ☑ No

Date of First, Resumerd Production, SWD or Enhr.	Producing Method
Jan 2005	☐ Flowing ☐ Pumping ☐ Gas Lift ☑ Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
			Steam injection well		

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

METHOD OF COMPLETION: ☑ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled ____ ☐ Other (Specify) ____

Production Interval: ____

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

TICKET NUMBER 31688
LOCATION Ottawa
FOREMAN Alan Mader

TREATMENT REPORT

DATE	CUSTOMER #	WELL NAME	FORMATION
7-7-04	2587	Barr N-12-L	
SECTION	TOWNSHIP	RANGE	COUNTY
10	35	21	LB

CUSTOMER: Central Production

MAILING ADDRESS:

CITY:

STATE: ZIP CODE:

TIME ARRIVED ON LOCATION:

TRUCK #	DRIVER	TRUCK #	DRIVER
386	A Mader		
197	H Reed		
286	J Blanchard		
195	T Polidore		

WELL DATA

HOLE SIZE 6 3/4 - 7 7/8	PACKER DEPTH
TOTAL DEPTH 120'	PERFORATIONS
	SHOTS/FT
CASING SIZE 4 1/2 - 5 1/2	OPEN HOLE
CASING DEPTH 120'	
CASING WEIGHT	TUBING SIZE
CASING CONDITION	TUBING DEPTH
20' - 5 1/2	TUBING WEIGHT
100' 4 1/2	TUBING CONDITION
TREATMENT VIA	

TYPE OF TREATMENT

[ ] SURFACE PIPE	[ ] ACID BREAKDOWN
[X] PRODUCTION CASING	[ ] ACID STIMULATION
[ ] SQUEEZE CEMENT	[ ] ACID SPOTTING
[ ] PLUG & ABANDON	[ ] FRAC
[ ] PLUG BACK	[ ] FRAC + NITROGEN
[ ] MISP. PUMP	[ ]
[ ] OTHER	[ ]

PRESSURE LIMITATIONS

	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTION PRIOR TO JOB: Established circulation. Mixed & pumped 25 sx 70/30 Portland & Sand. Circulated cement. Displaced casing with 1 1/2 bbl clean water. Closed valve

AUTHORIZATION TO PROCEED | TITLE | DATE Alan Mader

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