

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: James L. 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. \_\_\_\_\_

5/2/04    6/17/04

Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date    Recompletion Date

API No. 15 - 099-23324-00-00

County: Labette

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

3932 feet from  N (circle one) Line of Section

2185 feet from  W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE  SE NW SW

Lease Name: Barr Well #: B24

Field Name: Chetopa

Producing Formation: Bartlesville

Elevation: Ground: 830.82 Kelly Bushing: \_\_\_\_\_

Total Depth: 120 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) Alt II KGR 2/26/08

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: 1/5/05

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 #: B24  
 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 checked="" type="checkbox"/> Sample  Name <u>Bartlesville</u> Top <u>100-120</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	Type I	6	
Production	7-5/8	4-1/2	10.6	100	Type I	20	30% Fine sand

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 <i>(Amount and Kind of Material Used)</i>	Depth
		<b>RECEIVED</b>  <b>JAN 20 2005</b>  <b>KCC WICHITA</b>	

<b>TUBING RECORD</b> Size <u>1 inch</u> Set At <u>119</u> Packer At <u>none</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <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  Vented  Sold  Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION  Open Hole  Perf.  Dually Comp.  Commingled \_\_\_\_\_

Production Interval  Other (Specify) \_\_\_\_\_

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

TICKET NUMBER 01132  
 LOCATION Barthesville  
 FOREMAN Tracy L. Williams

**TREATMENT REPORT**

DATE <u>5-7-04</u>	CUSTOMER #	WELL NAME <u>Barr B-24</u>	FORMATION
SECTION <u>10</u>	TOWNSHIP <u>35S</u>	RANGE <u>21E</u>	COUNTY <u>Labeette</u>
CUSTOMER <u>Central Production</u>			
MAILING ADDRESS			
CITY			
STATE		ZIP CODE	
TIME ARRIVED ON LOCATION			

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>209</u>	<u>Tim</u>		
<u>488</u>	<u>Danny</u>		
<u>103</u>	<u>Chris</u>		

**TYPE OF TREATMENT**

<input checked="" 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		

WELL DATA	
HOLE SIZE <u>7 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	

INSTRUCTION PRIOR TO JOB Broke circulation + ran 20 sks of cement with 30% 100 mesh sand. Shut down + washed up. Displaced 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

RECEIVED

JAN 20 2005

KCC WICHITA