

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**WELL COMPLETION FORM**  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Form ACO-1  
September 1999  
Form Must Be Typed

Operator: License # 33887  
Name: Coffeyville Resources Nitrogen Fertilizers, LLC  
Address: P. O. Box 5000  
City/State/Zip: Coffeyville, KS 67337  
Purchaser: NA  
Operator Contact Person: Douglas E. Robker

Phone: (620) 252-4452  
Contractor: Name: Bill's Water Drilling  
License: 33860

Wellsite Geologist: NA

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. \_\_\_\_\_

6/28/07 6/29/07 8/7/07

Spud Date or Date Reached TD Completion Date or  
Recompletion Date

API No. 15 - NA-K-125-31299-0000

County: Montgomery

NW SE NE Sec. 36 Twp. 34 S. R. 16 ☒ East ☐ West

1805 feet from S N (circle one) Line of Section

1075 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Coffeyville Resources Well #: CP-4

Field Name: NA

Producing Formation: NA

Elevation: Ground: 720 Kelly Bushing: NA

Total Depth: 250 ft Plug Back Total Depth: NA

Amount of Surface Pipe Set and Cemented at NA Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from \_\_\_\_\_

feet depth to \_\_\_\_\_ w/ \_\_\_\_\_

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content NA ppm Fluid volume \_\_\_\_\_ bbls

Dewatering method used Collected in portable tank; slow drain thru screen.

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: NA

Lease Name: NA 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: Douglas E. Robker

Title: Environmental Engineer Date: August 8, 2008

Subscribed and sworn to before me this 8th day of August

20 08

Notary Public: Paula Rae Benson

Date Commission Expires: 08/04/2010



**KCC Office Use ONLY**

☐ Letter of Confidentiality Received

If Denied, Yes ☐ Date: \_\_\_\_\_

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

Operator Name: Coffeyville Resources Nitrogen Fertilizers, LLC Lease Name: Coffeyville Resources Well #: CP-4  
 Sec. 36 Twp. 34 S. R. 16 ☒ East ☐ West County: Montgomery

**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

### 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 |
|------------------------|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| Plastic Conductor Pipe | 14"               | 8"                        | NA                | 25'           | NA             | NA           | 100% Bentonite Grout       |
|                        |                   |                           |                   |               |                |              |                            |
|                        |                   |                           |                   |               |                |              |                            |

### 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 |
|----------------|---|---|-------|
|                |   |   |       |
|                |   |   |       |
|                |   |   |       |
|                |   |   |       |
|                |   |   |       |

| TUBING RECORD | Size | Set At | Packer At | Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------|------|--------|-----------|--|
|               |      |        |           |  |
|               |      |        |           |  |
|               |      |        |           |  |
|               |      |        |           |  |

| Date of First, Resumed Production, SWD or Enhr. | Producing Method   | Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |
|---|--|-----------------------------------|-----------|---------|-------------|---------------|---------|
|   | <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) |                                   |           |         |             |               |         |

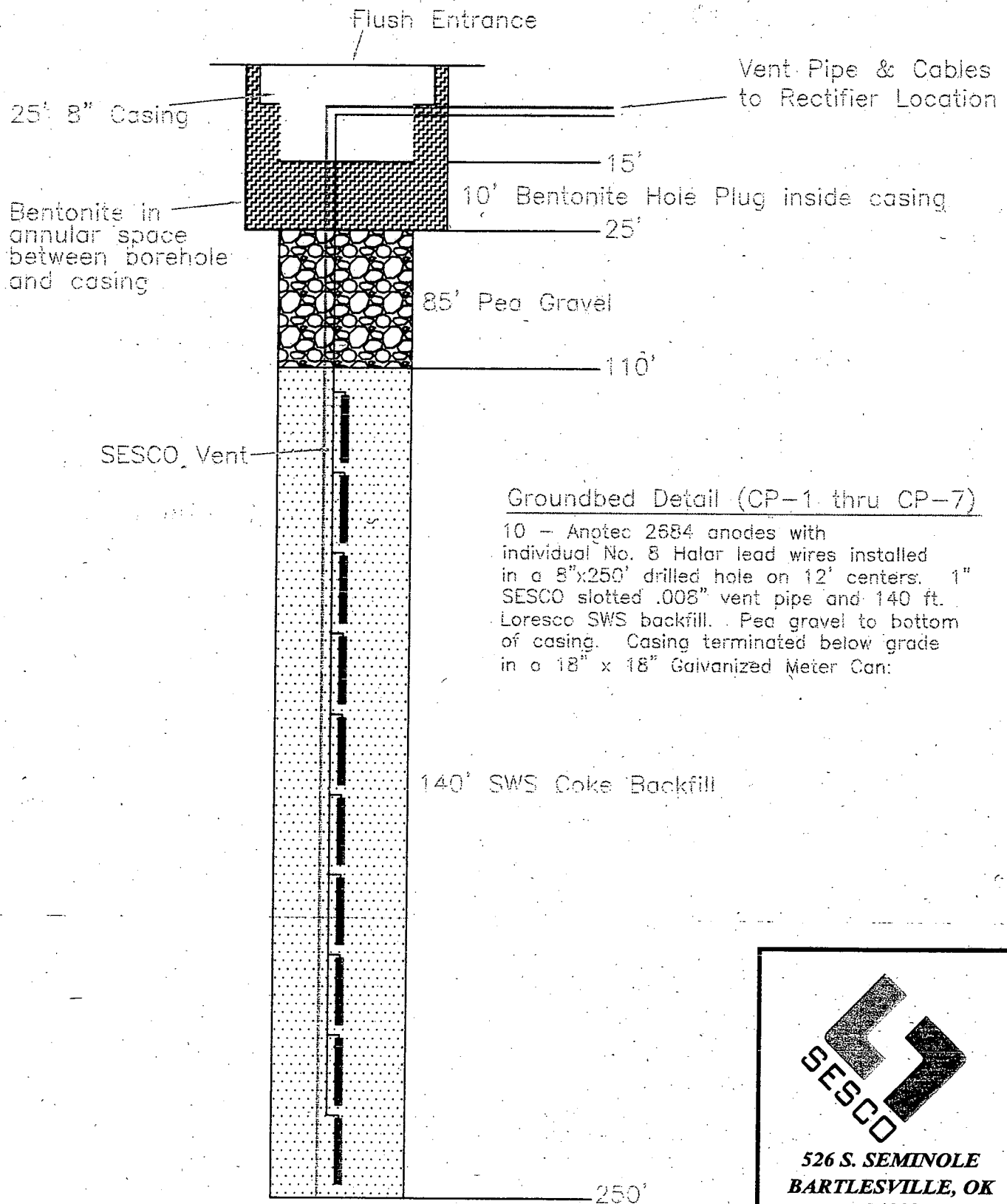
Disposition of Gas METHOD OF COMPLETION

Production Interval

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

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

# SESCO Deepwell



526 S. SEMINOLE  
BARTLESVILLE, OK  
74003