

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

**ORIGINAL**

Form ACO-1  
September 1999  
Form Must Be Typed

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Operator: License # 32408  
Name: Bob's Oil Service Inc.  
Address: 504 N. Main  
City/State/Zip: Ellinwood Ks. 67526  
Purchaser: \_\_\_\_\_  
Operator Contact Person: Bob Long  
Phone: (620) 564-3070  
Contractor: Name: \_\_\_\_\_  
License: \_\_\_\_\_  
Wellsite Geologist: \_\_\_\_\_

**RECEIVED**

**DEC 01 2003**

Designate Type of Completion:  
\_\_\_\_ New Well \_\_\_\_ Re-Entry X Workover  
\_\_\_\_ Oil X SWD \_\_\_\_ SIOW \_\_\_\_ Temp. Abd.  
\_\_\_\_ Gas \_\_\_\_ ENHR \_\_\_\_ SIGW  
\_\_\_\_ Dry \_\_\_\_ Other (Core, WSW, Expl., Cathodic, etc)

**KCC WICHITA**

If Workover/Re-entry: Old Well Info as follows:

Operator: Bob's Oil Service Inc.  
Well Name: Sicker SWD

Original Comp. Date: \_\_\_\_\_ Original Total Depth: 3815  
\_\_\_\_ 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. \_\_\_\_\_

7-30 8-1 8-4-03  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 009-21,844-00-02  
County: Barton  
NW - NW NW Sec. 35 Twp. 19 S. R. 11 ☐ East ☒ West  
4950 feet from S / N (circle one) Line of Section  
4950 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Sicker SWD Well #: 1

Field Name: Chase - Silica

Producing Formation: \_\_\_\_\_

Elevation: Ground: 1771 Kelly Bushing: \_\_\_\_\_

Total Depth: 3815 Plug Back Total Depth: 3426

Amount of Surface Pipe Set and Cemented at 247 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/ \_\_\_\_\_ sx cmt.

wo-log-3/12/09

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

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

Dewatering method used \_\_\_\_\_

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: Bob Long

Title: President Date: 11-6-03

Subscribed and sworn to before me this 6th day of November

20 13

Notary Public: Teresa K. Huslig

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

**TERESA K. HUSLIG**  
Notary Public - State of Kansas  
My Appt. Expires 7-3-2004

**KCC Office Use ONLY**

\_\_\_\_ Letter of Confidentiality Attached

If Denied, Yes ☐ Date: \_\_\_\_\_

\_\_\_\_ Wireline Log Received

\_\_\_\_ Geologist Report Received

\_\_\_\_ UIC Distribution

Operator Name: Bob's Oil Service Inc Lease Name: Sicker SWO Well #: 1  
 Sec. 35 Twp. 19 S. R. 11 ☐ East ☒ West County: Barton

**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

RECEIVED  
 DEC 01 2003  
 KCC WICHITA

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	# Sacs Used	Type and Percent Additives
production	7 7/8	5 1/2	15	3426	40/60 p02	175	1090 salt CFR3 S Gilsomite Per sack

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

TUBING RECORD		Size	Set At	Packer At	Liner Run
		27/8	3399	3399	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.		Producing Method			
8-4-03		<input type="checkbox"/> Flowing <input 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	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	

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

Form ACO-1  
September 1999  
Form Must Be Typed

**ORIGINAL**  
~~CORRECTED~~

Operator: License # 32408  
Name: Bob's Oil Service, Inc.  
Address: 504 N. Main  
City/State/Zip: Ellinwood, KS 67526  
Purchaser: \_\_\_\_\_  
Operator Contact Person: Bobby Long  
Phone: (620) 564-3070  
Contractor: Name: \_\_\_\_\_  
License: \_\_\_\_\_  
Wellsite Geologist: \_\_\_\_\_

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: Bob's Oil Service, Inc.  
Well Name: Sieker SWD  
Original Comp. Date: Feb., 1992 Original Total Depth: 3815  
\_\_\_\_ 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. D-26,497

7-30-03	8-1-03	8-4-03
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 009-21,844-0002  
County: Barton  
NW NW NW NW Sec. 35 Twp. 19 S. R. 11 ☐ East ☒ West  
4950 feet from S (N) (circle one) Line of Section  
4950 feet from E (W) (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: Sieker SWD Well #: 1  
Field Name: Chase-Silica  
Producing Formation: \_\_\_\_\_  
Elevation: Ground: 1771 Kelly Bushing: \_\_\_\_\_  
Total Depth: 3815 Plug Back Total Depth: 3426  
Amount of Surface Pipe Set and Cemented at 247 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/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls  
Dewatering method used \_\_\_\_\_


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

Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West  
County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

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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: Bobby Long  
Title: President Date: 12-04-03  
Subscribed and sworn to before me this 4th day of December  
20 03.  
Notary Public: Teresa K. Huslig  
Date Commission Expires: \_\_\_\_\_

 **TERESA K. HUSLIG**  
Notary Public - State of Kansas  
My Appt. Expires 7-3-2004

**KCC Office Use ONLY**

\_\_\_\_ Letter of Confidentiality Attached  
If Denied, Yes ☐ Date: \_\_\_\_\_  
\_\_\_\_ Wireline Log Received  
\_\_\_\_ Geologist Report Received  
☒ UIC Distribution

Operator Name: Bob's Oil Service, Inc. Lease Name: Sieker SWD Well #: 1  
 Sec. 35 Twp. 19 S. R. 11 ☐ East ☒ West County: Barton

**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

**RECEIVED**  
**DEC 09 2003**  
**KCC WICHITA**

CASING RECORD <input type="checkbox"/> New <input 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
Production	7 7/8	5 1/2	15	3426	40/60 POZ	175	10% salt
							CFR35 Gilsontite
							per sack

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

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 7/8	3399	3399	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 8-4-03		Producing Method <input type="checkbox"/> Flowing <input 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	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	