

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

PER VERIFIC. WEB, WORKER NOT TO BE COMPTD. @  
Form ACO-1  
October 2008

**ORIGINAL**

THIS TIME. DO NOT INPUT OPS. AS NORM. ON PROD. PG. JUST ADD NOTE IN WELL CMPS.

**WELL COMPLETION FORM**

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

OPERATOR: License # 4699

Name: Phillips Oil Properties Inc.

Address 1: 1822 S. Mead

Address 2: \_\_\_\_\_

City: Wichita State: KS Zip: 67211 + \_\_\_\_\_

Contact Person: Troy Phillips

Phone: ( 316 ) 265-4186

CONTRACTOR: License # 31539

Name: SAM'S Well Service

Wellsite Geologist: Troy Phillips

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well     Re-Entry     Workover
- Oil     SWD     SIOW
- Gas     ENHR     SIGW
- CM (Coal Bed Methane)     Temp. Abd.
- Dry     Other \_\_\_\_\_  
(Core, WSW, Expl., Cathodic, etc.)

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

Operator: Range Oil Company, Inc.

Well Name: Andes "A" 3

Original Comp. Date: 8-25-76 Original Total Depth: 3140

Deepening     Re-perf.     Conv. to Enhr.     Conv. to SWD

Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_

Commingled    Docket No.: \_\_\_\_\_

Dual Completion    Docket No.: \_\_\_\_\_

Other (SWD or Enhr.?)    Docket No.: \_\_\_\_\_

\*Spud Date or Recompletion Date    Date Reached TD    Completion Date or Recompletion Date

**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.

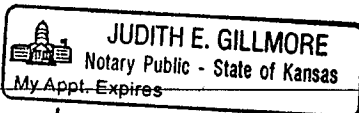
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Title: Geologist Date: 3-12-09

Subscribed and sworn to before me this 12<sup>th</sup> day of MARCH

Notary Public: Judith E. Gillmore



Date Commission Expires: 5/15/2011

API No. 15 - 035210230001

Spot Description: SE NE

\_\_\_\_\_ - SE - NE Sec. 26 Twp. 33 S. R. 5  East  West

1980 Feet from  North /  South Line of Section

660 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE  NW  SE  SW

County: COWLEY

Lease Name: ANDES "A" Well #: 3

Field Name: ALBRIGHT

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

Elevation: Ground: 1270 gl Kelly Bushing: 1275

Total Depth: 240 Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: 149' existing 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** Owwd- Alt I mlr  
(Data must be collected from the Reserve Pit) 4-8-09

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

Dewatering method used: evaporation

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

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

**KCC Office Use ONLY**

Letter of Confidentiality Received

If Denied, Yes  Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

Operator Name: Phillips Oil Properties Inc. Lease Name: ANDES "A" Well #: 3  
 Sec. 26 Twp. 33 S. R. 5  East  West County: COWLEY

**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 Top Datum  Due to metal in the old hole we were not able to penetrate past 240' with the equipment we were using. It was decided to move rig off and re-evaluate.
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**RECEIVED**  
**MAR 17 2009**  
**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

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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