KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1 September 1999 Form Must Be Typed

ORIGINAL

•	·
Operator: License #32756	API No. 15 - 099-23397-0000
Name:Double 7 Oil & Gas	County: Labette
Address: 21003 Wallace Rd.	SE -SW- SE Sec. 33 Twp.31 S. R. 21 X East West
City/State/Zip: Parsons Ks. 67357	330feet from SI N (circle one) Line of Section
Purchasor:	1650 feet from (2) / W (circle one) Line of Section
Operator Contact Person: Bruce Schulz	Footages Calculated from Nearest Outside Section Corner:
Phone: () 316-423-0951 RECEIVED	(circle one) NE 👀 NW SW
Contractor: Name:	Lease Name: Schulz Well #:_4
License: JUL 1 3 2004	Field Name:
Wellsite Geologist: KCC WICHITA	Producing Formation: Bartlesville
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth:305_ Plug Back Total Depth:
Oil SWD SIOW Temp. Abd.	Amount of Surface Pipe Set and Cemented at 201 Feet
Gas ENHR SIGW	Multiple Stage Cementing Collar Used?
Dry Other (Core, WSW, Expl., Cathodic, etc)	If yes, show depth setFee
If Workover/Re-entry: Old Well Info as follows:	If Alternate II completion, cement circulated from
	feet depth tow/sx cmt.
Operator:	ieer depiir (0
Well Name:	Drilling Fluid Management Plan AH I NCC 5-13-00 (Data must be collected from the Reserve Pit)
Original Comp. Date:Original Total Depth:	•
Deepening Re-perf Conv. to Enhr./SWD	Chloride content ppm Fluid volume bbls
Plug Back Plug Back Total Depth	Dewatering method used Empty & Fill
Commingled Docket No.	Location of fluid disposal if hauled offsite:
Dual Completion Docket No	Operator Name:
Other (SWD or Enhr.?) Docket No.	Lease Name: License No.:
A-17-04 A-19-04 5-13-04 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date	Quarter Sec TwpS. R East West County: Docket No.:
Kansas 67202, within 120 days of the spud date, recompletion, worked information of side two of this form will be held confidential for a period of 107 for confidentiality in excess of 12 months). One copy of all wireline log TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged well	th the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, were or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. 12 months if requested in writing and submitted with the form (see rule 82-3-s and geologist well report shall be attached with this form. ALL CEMENTING s. Submit CP-111 form with all temporarily abandoned wells.
	late the oil and gas industry have been fully complied with and the statemen
herein are complete and correct to the best of my knowledge.	
Signaturo: Sepul	KCC Office Use ONLY
Tillo: Owner Date: 6-24-04	Letter of Confidentiality Attached
Subscribed and sworn to before me this 24th day of June	If Danlad, Yes Date:
2004.	Wireline Log Received
1 1 1 1	Geologist Report Received
Notary Public: Dunde Soly	BRINDASOHULTZ SOFFICIAL LIV CON BIRSOON EYPIDES
Date Commission Expires: 14 8 300 7	OFFICIAL MY COMMISSION EXPIRES

Operator Name: D&u	<u>L_s. r.19</u>	🖺 Eas	t 🔲 West	Coun	ity:			. Well #: <u>4</u>	:	
NSTRUCTIONS: Sho ested time tool open emperature, fluid reco Electric Wireline Logs	very, and flow rate:	s if gas to	surface test, a	tiona with	. Detail al	cores. Repor	elalic loval budga		4 44	
Orill Stem Tests Taken (Attach Additional St	heats)	Y	es PNo		[]t.	og Format	llon (Top), Depth ar	nd Datum	s	ample
amples Sent to Geolo	ogical Survey	□ Y	es 🛮 No		Name)		Тор	D	atum
ores Taken		□ Y	es 🛮 No							
lectric Log Run (Submit Copy)		_ Y	es No			•				
st All E. Logs Run:						•				
•									•	
					,					
		Repo	CASING				tion, etc.		:	•
Furpose of String	Size Hola Drilled	Siz	e Casing I (In O.D.)	We	eight . / Ft.	Setting Depth	Type of Cement	# Sacjs		nd Percen
Surfac≺ Drill Wel.	1 11 '0880	20'	61/4''			осри:	Portland		Ade	ditives
Longstring	6	2	3/8			300	н	19		
, ,				ļ						
Purpose:	Depth					EEZE RECORI)			
Perforate Protect Casing Plug Back TD Plug Off Zone	Top Bottom	lype	of Cement	#Sack	s Used		Type and Pe	rcent Additives		
Shots Per Foot			D - Bridge Plug Each Interval Per			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth				
				 ,						
					·					
UBING RECORD	Size	300		Packer A	7	Liner Run	Yes No			
ate of First, Resumerd P	roduction, SWD or Er		Producing Meth	nod	Flowing	Pumpl			or (Explain)	
stimated Production Per 24 Hours	Oil E	Jbls.		Mc1 15	Wator			s-Oli Ratio	- technolis	Gravity
Isposition of Gas	METHOD OF CO	l DMPLETIO				Production Inter	val			
Vented Sold (Used on Lease (ACO-18.)		Open Hole Other (Special	Peri		ally Comp.	Commingled			



5-099-23397-00-00 Flyer Feed & Tire

P. O. Box 216

Thayer, KS 66776-0216

(620) 839-5400



	Nutrition™ ————————			,,,,,		, /	
USTOM	ER'S NO			DATE	30-09	Z	-
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9				Sales Tax	<	J	
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	and returned goods MU					<u> 13020</u>	



Flyer Feed & Tire P. O. Box 216 Thayer, KS 66776-0216 (620) 839-5400 (620) 433-0130 (cell)



Alliance Nutrition™	(620) 433-0	0130 (cell) '	· · · · · · · · · · · · · · · · · · ·	
		DATE	-3-30	041. 5.
CUSTOMER'S NO.		+ * * *		
NAME Doubles				
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	KCC WICI	HTA	K.E.T.	
		Sal	es Tax	705
			FOTAL	
	ATTACH TO THE STATE OF THE STAT		TOTAL	7000

All claims and returned goods MUST be accompanied by this bill. 1.5% on past due accounts paid after the 10th.