

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 # 32756  
Name: Double 7 Oil & Gas  
Address: 21003 Wallace Rd.  
City/State/Zip: Parsons Ks. 67357  
Purchaser: \_\_\_\_\_  
Operator Contact Person: Bruce Schulz  
Phone: ( ) 316-423-0951  
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: \_\_\_\_\_  
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. \_\_\_\_\_  
8-9-05 8-13-05 9-21-05  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 099-23740-0000  
County: Labette  
SW - NW - SW Sec. 27 Twp. 31 S. R. 21 ☒ East ☐ West  
1550 feet from N (circle one) Line of Section  
4930 feet from W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: Manners east Well #: 8a  
Field Name: \_\_\_\_\_  
Producing Formation: Bartlesville  
Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_  
Total Depth: 480 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 \_\_\_\_\_  
feet depth to \_\_\_\_\_ w/

Drilling Fluid Management Plan  
(Data must be collected from the Reserve Pit)

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls  
Dewatering method used Empty & Fill  
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: Bruce Schulz  
Title: Owner Date: 9-21-05  
Subscribed and sworn to before me this 21st day of September  
2005  
Notary Public: Margaret A. Patterson  
Date Commission Expires: 2/2/2008

KCC Office Use ONLY

Letter of Confidentiality Attached  
If Denlod, Yes ☐ Date: \_\_\_\_\_  
Wireline Log Received  
Geologist Report Received



MARGARET A. PATTERSON  
MY COMMISSION EXPIRES  
February 2, 2008

UIC Distribution

Operator Name: Double 7 Oil & Gas Lease Name: Manners east Well #: 8a  
 Sec. 27 Twp. 31 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<br>(Attach Additional Sheets) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>Electric Log Run<br>(Submit Copy) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>Name Top Datum |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

| 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 | # Sacs Used | Type and Percent Additives |
| Surface Drill Well                                                        | 8 1/2" / 11"      | 20' 6 1/4"                |                   |               | Portland       | 5           |                            |
|                                                                           |                   |                           |                   |               |                |             |                            |
|                                                                           |                   |                           |                   |               |                |             |                            |

| ADDITIONAL CEMENTING / SQUEEZE RECORD                                                                                                                                           |                  |                |             |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|-------------|----------------------------|
| Purpose:                                                                                                                                                                        | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
| <input type="checkbox"/> Perforate<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><input type="checkbox"/> Plug Off Zone<br><u>Plug</u> | 0                | portland       | 50          |                            |
|                                                                                                                                                                                 |                  |                |             |                            |

| Shots Per Foot                                  | PERFORATION RECORD - Bridge Plugs Set/Type  |                                                                                                                                              | Acid, Fracture, Shot, Cement Squeeze Record |                       |
|-------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------|
|                                                 | Specify Footage of Each Interval Perforated |                                                                                                                                              | (Amount and Kind of Material Used)          |                       |
|                                                 |                                             |                                                                                                                                              |                                             |                       |
|                                                 |                                             |                                                                                                                                              |                                             |                       |
|                                                 |                                             |                                                                                                                                              |                                             |                       |
|                                                 |                                             |                                                                                                                                              |                                             |                       |
|                                                 |                                             |                                                                                                                                              |                                             |                       |
| TUBING RECORD                                   |                                             | Size                                                                                                                                         | Set At                                      | Packer At             |
|                                                 |                                             |                                                                                                                                              |                                             |                       |
|                                                 |                                             |                                                                                                                                              |                                             |                       |
|                                                 |                                             |                                                                                                                                              |                                             |                       |
|                                                 |                                             |                                                                                                                                              |                                             |                       |
| 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) |                                             |                       |
| 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<br>(If vented, Submit ACO-18.) | <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

