





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

Operator: License # 6044	API No. 15 - 019-26934-0000
Name: Stelbar Oil Corporation, Inc.	County: Chautauqua
Address: 1625 N. Waterfront Parkway, Suite #200	SE/4 NE/4 NE/4 Sec. 26 Twp. 32 S. R. 10 ☒ East ☐ West
City/State/Zip: Wichita, KS 67206-6602	1065' feet from S /(N) (circle one) Line of Section
Purchaser: Plains Marketing, LP	feet from (E) / W (circle one) Line of Section
Operator Contact Person: Roscoe L. Mendenhall	Footages Calculated from Nearest Outside Section Corner:
Phone: (316) 264-8378	(circle one) NE) SE NW SW
Contractor: Name: C&G Drilling Inc. Name: Description	Lease Name: Floyd A Well #: 26
License: 32701 (AN 2 3 2009	Field Name: Landon-Floyd
Wellsite Geologist: Dave Goldak	Producing Formation: Mississippian
Designate Type of Completion:	Elevation: Ground: 1101 Kelly Bushing: 1108
_X New Well Re-Entry Workover	Total Depth: 2070' LTD Plug Back Total Depth: 2022' KB
X Oil SWD SIOW Temp. Abd.	Amount of Surface Pipe Set and Cemented at 121' 8 5/8" @ 128' KB Feet
Gas ENHR SIGW	Multiple Stage Cementing Collar Used? ☐Yes ☒No
Dry Other (Core, WSW, Expl., Cathodic, etc)	If yes, show depth setFeet
If Workover/Re-entry: Old Well Info as follows:	If Alternate II completion, cement circulated from 2065' KB
Operator:	feet depth to Surface w/ 300 sx cmt.
Well Name:	SX CITE.
Original Comp. Date: Original Total Depth:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Deepening Re-perf Conv. to Enhr./SWD	
Plug BackPlug Back Total Depth	Chloride content 1200 ppm Fluid volume 300 bbls
Commingled Docket No.	Dewatering method used <u>Evaporation</u>
	Location of fluid disposal if hauled offsite:
Duar Completion Docket No.	
Dual Completion Docket No Other (SWD or Enhr.?) Docket No	Operator Name:
Other (SWD or Enhr.?) Docket No.	Operator Name:License No.:
Other (SWD or Enhr.?) Docket No	
Other (SWD or Enhr.?) Docket No	Lease Name:
Other (SWD or Enhr.?)	Lease Name: License No.:
Other (SWD or Enhr.?) Docket No. 10/21/2008 10/24/2008 Spud Date or Recompletion Date Date Reached TD Recompletion Date INSTRUCTIONS: An original and two copies of this form shall be filed with Kansas 67202, within 120 days of the spud date, recompletion, workow Information of side two of this form will be held confidential for a period of	Lease Name: License No.:
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