

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

Operator: License # 30102
Name: Robert Christenson dba C & S Oil
Address: PO Box 41
City/State/Zip: Neosho Falls, KS 66758
Purchaser: CMT Transportation, INC
Operator Contact Person: Robert Christenson
Phone: (620) 365-0919
Contractor: Name: Nicholas L Brown
License: 32642
Wellsite Geologist: none

Designate Type of Completion:

☒ New Well ☐ Re-Entry ☐ Workover
☒ Oil ☐ SWD ☐ SLOW ☐ 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. _____

<u>3/27/2007</u>	<u>3/29/2007</u>	<u>3/30/2007</u>
Spud Date or	Date Reached TD	Completion Date or
Recompletion Date		Recompletion Date

API No. 15 - 001-29582-00-00
County: Allen
SE SW NW Sec. 32 Twp. 23 S. R. 18 ☒ East ☐ West
3270 feet from (S) / N (circle one) Line of Section
4318 feet from (E) / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE ☒ SE NW SW
Lease Name: Craig Mentzer Well #: 21
Field Name: Colony West

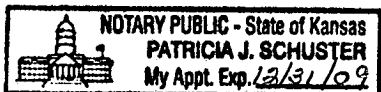
Producing Formation: Bartelsville
Elevation: Ground: 994' Kelly Bushing: none
Total Depth: 984' Plug Back Total Depth: none
Amount of Surface Pipe Set and Cemented at 20 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 980
feet depth to surface w/ 105 sx cmt.

Drilling Fluid Management Plan AH II NR 7-9-08
(Data must be collected from the Reserve Pit)
Chloride content fresh water ppm Fluid volume _____ bbls
Dewatering method used evaporation
Location of fluid disposal if hauled offsite: **RECEIVED**
Operator Name: _____ JUN 04 2007
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. **KCC WICHITA**
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: Robert Christenson
Title: OWNER Date: 5/30/2007
Subscribed and sworn to before me this 30th day of May,
2007.
Notary Public: Patricia J. Schuster
Date Commission Expires: December 31st, 2009



KCC Office Use ONLY	
<input checked="" type="checkbox"/> Letter of Confidentiality Received	
<input type="checkbox"/> If Denied, Yes <input type="checkbox"/> Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	

Operator Name: Robert Christenson dba C & S Oil Lease Name: Craig Mentzer Well #: 21
 Sec. 32 Twp. 23 S. R. 18 ☒ East ☐ West County: Allen

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:

Gamma Ray / Neutron

☒ Log Formation (Top), Depth and Datum ☐ Sample

Name Top Datum
Bartlesville 917'

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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	# Sacks Used	Type and Percent Additives
surface	12"	7"		20'	portland	10	
production	5 5/8"	2 7/8"	6.7#	980'	thick set cement	105	Kol-seal-525#

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
2	917' - 934' (32 shots)	spot 100 Gal HCL, 7000# sand to frac	

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
4-16-2007					
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	.50				

METHOD OF COMPLETION		Production Interval	
Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled		
	<input type="checkbox"/> Other (Specify) _____		

NICHOLAS L. BROWN #32642
2481 110th
IOLA, KANSAS 66749

DRILL LOG
C & S OIL

CRAIG MENTZER #21
API#15-001-29582-00-00
SEC. 32, T23S, R18E
ALLEN CO., KS

10-18	DIRT
18-114	SHALE
114-128	LIME
128-160	SHALE
160-212	LIME
212-286	SHALE
286-350	LIME
350-355	BLACK SHALE
355-378	LIME
378-383	BLACK SHALE
383-394	LIME
394-470	SHALE
479-497	LIME
497-570	SHALE
570-575	BLACK SHALE
575-580	LIME
580-670	SHALE
670-684	LIME
684-700	SHALE
700-702	BLACK SHALE
702-742	LIME
742-748	BLACK SHALE
748-753	SHALE
753-757	BLACK SHALE
757- 910	SHALE
910-916	SANDY SHALE
916-934	OIL SAND
934-984	SHALE

3/27/07 Drilled 12" hole and ran 20' of
surface casing.

3/28/07 Started drilling 5 5/8" hole.

3/29/07 Finished drilling to T.D. 984'

OIL TRACE
OIL

T.D 984'

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620-431-9210 OR 800-467-8676

FOREMAN Rex Long

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-30-07	2027	Craig Montross # 21				Almo
CUSTOMER C + S OIL						
MAILING ADDRESS P.O. Box 41						
CITY Nashua Falls	STATE KS	ZIP CODE 66758				

TRUCK #	DRIVER	TRUCK #	DRIVER
463	Kyle		
479	Jeff		
436	J.P.		

JOB TYPE Logging HOLE SIZE 5 7/8" HOLE DEPTH 974' CASING SIZE & WEIGHT _____
 CASING DEPTH 920' DRILL PIPE _____ TUBING 2 3/4" OTHER _____
 SLURRY WEIGHT 13.4# SLURRY VOL _____ WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 5.7 Bbl DISPLACEMENT PSI 460 ~~600~~ PSI 910 RATE _____

REMARKS: Safety meeting- Rig up to 2 3/4" tubing. Break circulation w/
5 bbl fresh water. Pump 4 sec gal-flush, 5 bbl fresh water mixed
Mixed 105 sec thickest cement w/5" Kalsol ¹/₂ pk @ 18" ¹/₂ hr.
shut down. Washout pump + lines. Launch 2 plugs. Displace w/ 5" bbl
fresh water. Final pump pressure 400 PSI. Bump plug to 800 PSI. wait 2 min.
shut casing in @ 900 PSI. Job complete. Rig down.

~~JUN 04 2007~~

"Thank You"

~~KCC WICHITA~~

[illegible]

AUTHORIZATION

TITLE

DATE _____