

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm ACO-1
October 2008
Form Must Be TypedWELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE15-037-01208-0000
01208-0000
04429-0000

OPERATOR: License # 33495
 Name: MORRIS ENERGY
 Address 1: PO BOX 305
 Address 2: 3625 COAL VALLEY RD.
 City: WEIR State: KS Zip: 66781 + 0305
 Contact Person: DEREK MORRIS
 Phone: (417) 438-7921
 CONTRACTOR: License # COMPANY TOOLS 94498
 Name: 33495
 Wellsite Geologist: N-A
 Purchaser: PACE
 Designate Type of Completion:
☐ New Well ☐ Re-Entry ☒ Workover
☐ Oil ☐ SWD ☐ SIOW
☐ Gas ☒ ENHR ☐ SIGW
☐ CM (Coal Bed Methane) ☐ Temp. Abd.
☐ Dry ☒ Other FAILED M.I.T. / PLUGGED
 (Core, WSW, Expl., Cathodic, etc.)

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

Operator: SAME AS ABOVE
 Well Name: _____
 Original Comp. Date: N-A Original Total Depth: 225
☐ Deepening ☐ Re-perf. ☐ Conv. to Enhr. ☐ Conv. to SWD
☒ Plug Back: 225 TO SURFACE Plug Back Total Depth
☐ Commingled Docket No.: _____
☐ Dual Completion Docket No.: _____
☐ Other (SWD or Enhr.?) Docket No.: _____
2-9-09 N-A 2-9-09
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - N-A, pre 1968
 Spot Description: _____
 SW SW NE NE Sec. 7 Twp. 31 S. R. 22 ☒ East ☐ West
4008 Feet from ☐ North / ☒ South Line of Section
3802 Feet from ☒ East / ☐ West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
☐ NE ☒ NW ☐ SE ☐ SW
 County: CRAWFORD
 Lease Name: SAMP Well #: 8-WH-SAM 09
 Field Name: MCCUNE
 Producing Formation: CATTLEMAN
 Elevation: Ground: 900 Kelly Bushing: _____
 Total Depth: 225 Plug Back Total Depth: 225 to surface
 Amount of Surface Pipe Set and Cemented at: 20' Feet
 Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
 If yes, show depth set: N-A Feet
 If Alternate II completion, cement circulated from: 200
 feet depth to: surface w/ N-A / existing well 11/2-Dig-7/1/09

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls
 Dewatering method used: _____
 Location of fluid disposal if hauled offsite: _____
 Operator Name: Onsite
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West
 County: _____ Docket No.: E-17959

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: [Signature]
 Title: OPERATOR Date: 2-15-09
 Subscribed and sworn to before me this 31 day of March
2009
 Notary Public: Patricia J. Tavernaro
 Date Commission Expires: June 12, 2010



PATRICIA J. TAVERNARO
My Appt. Exp 6/12/10

KCC Office Use ONLY

N Letter of Confidentiality Received
 If Denied, Yes ☐ Date: _____
☐ Wireline Log Received
☐ Geologist Report Received
☐ UIC Distribution

RECEIVED

APR 20 2009

KCC WICHITA

Operator Name: **MORRIS ENERGY** Lease Name: **SAMP** Well #: **6 WI / SAM 09**
 Sec. **7** Twp. **31** S. R. **22** ☒ East ☐ West County: **CRAWFORD**

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:

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

Name Top Datum

N-A ; existing water injection well,
 failed MIT, plugged.

CASING RECORD ☐ New ☒ 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	n-a	6"	n-a	20 ft.	portland	n-a	none

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 checked="" type="checkbox"/> Plug Back TD <input checked="" type="checkbox"/> Plug Off Zone	plugged	portland	12 inside 2"	No additives

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
None	none		

TUBING RECORD:	Size: 2" ID	Set At: 200'	Packer At: 200'	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. N-A ; existing E.R. injection well, plugged.	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. 0	Gas Mcf 0	Water Bbls. 0	Gas-Oil Ratio 0 Gravity 0

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input checked="" type="checkbox"/> Other (Specify) <u>plugged</u>	PRODUCTION INTERVAL: N-A
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