KANSAS COLPO PATION COMMISSION OIL & GAS GON SERVATION DIVISION

September 1999 Form Must Be Typed

WELL COMPLETION FORM L HISTORY - DESCRIPTION OF WELL & LEASE

\_\_\_Temp. Abd.

\_Conv. to Enhr./SWD

Plug Back Total Depth

4/10/2009

Date:

NOTARY PU

My Appr. Exp. \_9118

Completion Date or

Recompletion Date

	7.
API No. 15 - 063-21,	766- 75 <del>60</del>
County: NESS	
N/2 NE SE NE	Sec. 28 Twp. 15 S. R. 26 ☐ East V West
1500	feet from S /(N) (circle one) Line of Section
330	feet from E / W (circle one) Line of Section
Footages Calculate	d from Nearest Outside Section Corner:
(circle one	NA CVA
Losse Name: HAI	RRY BABCOCK Well #: 5
Field Name: HOR	CHEM
Preducing Formati	MISSISSIPPIAN
Producing Pornau	2506 Kelly Bushing: 2511
	Plug Back Total Depth: NA
Amount of Surface	Pipe Set and Cemented at 209 Feet
	menting Collar Used?
If yes, show depth	setFeet
If Alternate II com	pletion, cement circulated from 1942
feet depth to SUF	RFACE W/_ 160sx cmt.
Drilling Fluid Ma	nagement Plan sted from the Reserve Pit)
Chloride content	FLARORATE AND BACKFILL
Dewatering meth	od used_EVAPORATE AND BACKFILL
Location of fluid	sposal if hauled offsite:
Operator Name:	
	Lisanna No.
Lease Name:	
Quarter	Sec TwpS. R 🗍 East 🗍 Wes
County:	Docket No.:
ver or conversion of 12 months if requestors and geologist well re	ation Commission, 130 S. Market - Room 2078, Wichita, a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. ed in writing and submitted with the form (see rule 82-3-eport shall be attached with this form. ALL CEMENTING rm with all temporarily abandoned wells.
ulate the oil and gas i	ndustry have been fully complied with and the statemen
	KCC Office Use ONLY
	Letter of Confidentiality Received
	If Denied, Yes Date:
·· \ \_	Wireline Log Received RECEIVED
	Coologist Report Received
	UIC Distribution MAY 1 9 2009
BLIC - State of Kansas	VCC MICHIT

City/State/Zip: WICHITA, KS 67202 Purchaser: PLAINS Operator Contact Person: Phone: (<u>316</u> Contractor: Name: MALLARD JV License: 4958 Wellsite Geologist: FLIP PHILLIPS Designate Type of Completion: ✓ New Well \_\_\_\_ Re-Entry \_ Gas Dry If Workover/Re-entry: Old Well Info as GOMFIDENTIAL Operator: Well Name: \_ Original Comp. Date: \_\_\_\_ \_\_ Deepening Plug Back. \_\_\_\_ Commingled \_ Dual Completion 3/12/2009 Spud Date or 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, worko 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 All requirements of the statutes, rules and regulations promulgated to regu herein are complete and correct to the best of my knowledge. Signature: Subscribed and sworn to before me this

Operator: License # \_5086

Name: PINTAIL PETROLEUM,LTD

225 N. MARKET, STE.300

263-2243

SWD

Other (SWD or Enhr.?)

**GEOLOGIST** 

Date Commission Expires:

\_\_ ENHR \_\_\_

FLIP PHILLIPS

\_ SIOW

\_ SIGW

\_\_\_ Re-perf.

3/19/2009

Date Reached TD

\_\_ Other (Core, WSW, Expl., Cathodic, etc)

\_\_\_\_\_Original

Docket No..

Docket No.\_

Docket No. -