

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

ORIGINAL

Operator: License # 32723  
Name: See Oil Co  
Address: Box 97 126 W. Walnut  
City/State/Zip: Stark, Ks 66775-0097  
Purchaser: CMT  
Operator Contact Person: Charles E. See  
Phone: (620) 754-3939  
Contractor: Name: Ensminger / Kimzey  
License: 31708  
Wellsite Geologist: C. See

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. \_\_\_\_\_

10/22/05 10/23/05 10/26/05  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - <sup>037</sup>~~001~~ -21, 733-00-00  
County: Crawford  
NW4 - - - - Sec. 2 Twp. 28 S. R. 23 ☒ East ☐ West  
4320 feet from (S) / N (circle one) Line of Section  
3630 feet from (E) / W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Burge Well #: S - 102  
Field Name: Farlington  
Producing Formation: Peru

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_  
Total Depth: 222' Plug Back Total Depth: 220'  
Amount of Surface Pipe Set and Cemented at 20.3' Feet  
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No  
If yes, show depth set \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from 220  
feet depth to 38 sx cmt.

**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: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Quarter \_\_\_\_\_ **RECEIVED** S. R. ☐ East ☐ West  
County: \_\_\_\_\_ Docket No.: \_\_\_\_\_  
**JAN 25 2006**


**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 100 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: Owner Date: 1-20-06  
Subscribed and sworn to before me this 20<sup>th</sup> day of January,  
2006.  
Notary Public: [Signature]  
Date Commission Expires: 9-6-2008

**KCC Office Use ONLY**

NO Letter of Confidentiality Received  
If Denied, Yes ☐ Date: \_\_\_\_\_  
Wireline Log Received  
Geologist Report Received  
UIC Distribution

 **LEORA JOAN POPE**  
Notary Public - State of Kansas  
My Appt. Expires 9-6-2008

ORIGINAL

Operator Name: See Oil Co. Lease Name: Burge Well #: S-102  
 Sec. 2 Twp. 28 S. R. 23 ☒ 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: Gamma Ray  
Neutron

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

Name Top Datum

### 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	12 1/4	8 5/8		20.3"	Portland	5	
Casing	6 3/4	4 1/2		200'	OWC	38	

### 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 type="checkbox"/> Plug Back TD <input type="checkbox"/> 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	173.0' - 179.0'	50 gal HCL Frac 20 BBL's	
2	182.0' - 192.0'	20 - 40 Sand 800# 2000#	
		12 - 20 Sand 800# 4500#	
		Locked Off	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	4 1/2	220'	NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd 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

☐ Vented ☐ Sold ☐ Used on Lease  
 (If vented, Submit ACO-18.)

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled  
☐ Other (Specify) \_\_\_\_\_

CONSOLIDATED OIL WELL SERVICES, INC.  
11 W. 14TH STREET, CHANUTE, KS 66720  
20-431-9210 OR 800-467-8676

TICKET NUMBER 4908  
LOCATION Ottawa  
FOREMAN Alan Made

### TREATMENT REPORT & FIELD TICKET CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
0-26-05	7862	Barge # S102	2	28	23	CK
CUSTOMER <u>See Oil</u>						
MAILING ADDRESS <u>P.O. Box 97</u>						
CITY <u>Stank</u>	STATE <u>KS</u>	ZIP CODE <u>66775</u>				

TRUCK #	DRIVER	TRUCK #	DRIVER
386	Alamad		
368	Loosen		
195	Joe Pol		

JOE TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT
<u>long string</u>	<u>6 1/4</u>	<u>222</u>	<u>4 1/2</u>
CASING DEPTH <u>220</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT	DISPLACEMENT PSI <u>400</u>	MIX PSI	RATE <u>4 GPM</u>

REMARKS: Established circulation. Mixed & pumped 25x gel followed by 38 3x OWC. Flushed pump clean. Pumped 1/2 rubber plug to TD of casing. Circulated cement to surface. Well held 400 PSI. Set float. Closed valve.

Driller supplied water & plug

*Alan Made*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	765.00
5406	10	MILEAGE on location	368	3680.00
5402	220'	Casing footage	NC	3080.00
5407A	1	ten miles #195 (less than min. multiple wells)		4500.00
1118B	2	premium gel		13.26
1126	38	OWC		494.00
RECEIVED				
JAN 25 2006				
KCC WICHITA				
		Sub		1384.26
		6.3%	SALES TAX	31.96
			ESTIMATED TOTAL	1386.22

11/26/05 JMK

Alan Made

CONSOLIDATED OIL WELL SERVICES, INC.  
211 W. 14TH STREET, CHANUTE, KS 66720  
620-431-9210 OR 800-467-8676

TICKET NUMBER 34271  
FIELD TICKET REF # \_\_\_\_\_  
LOCATION Thayer  
FOREMAN Gary Wilcox

**TREATMENT REPORT  
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-30-05		Burge # 5-102	2	28	23	CR
CUSTOMER See Oil % Charlie See			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS			120 Gary			
CITY STATE ZIP CODE			453/T90 George			

WELL DATA	
CASING SIZE 4 1/2	TOTAL DEPTH 216
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
173-192	34 Perry

TYPE OF TREATMENT	
Acid Balloff	
CHEMICALS	
500 15% HCL Acid	
2gal. Maxflo	
2gal. Clay Slay	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
						BREAKDOWN
					75.0	START PRESSURE
					600	END PRESSURE
					3000	BALL OFF PRESS
						ROCK SALT PRESS
					200	ISIP
						5 MIN
						10 MIN
						15 MIN
					1	MIN RATE
					3.3	MAX RATE
					3.1	DISPLACEMENT

REMARKS: Previously spotted - broken down - attempted fracture  
Bullhead 1100 gal. - flush to parts. Stage 2-3 times  
Establish rate at 3 BPM 400 acid with 50 ballsailers  
flush to parts - release balls - overflush 10 BBL

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONSOLIDATED OIL WELL SERVICES, INC.  
211 W. 14TH STREET, CHANUTE, KS 66720  
620-431-9210 OR 800-467-8676

TICKET NUMBER **34196**  
FIELD TICKET REF # **26969**  
LOCATION **Thayer**  
FOREMAN **Brett Busby**

**TREATMENT REPORT**  
**FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-22-05		Burge S-102	2	28	22	CR
CUSTOMER Charlie See						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

**WELL DATA**

CASING SIZE 4 1/2	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
173-192 (34)	Peru

**TYPE OF TREATMENT**

FRAC

**CHEMICALS**

customer	acid
	Clu-Sta
breaker	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAID	20	12			2000	BREAKDOWN
20-40				800#	2000	START PRESSURE
12-20				800#	4500	END PRESSURE
(2) ballsealers in sand					4500	BALL OFF PRESS
locked-off						ROCK SALT PRESS
release to blender					700	ISIP
restart several times						5 MIN
no progress						10 MIN
						15 MIN
possible ball-off						MIN RATE
acidize both						MAX RATE
wells later						DISPLACEMENT

RECEIVED

JAN 25 2006

KCC WICHITA

REMARKS: customer spot acid / provide Clu-Sta / formation water

pull frac valve

4:00PM - 5:00PM 47 miles

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 11-22-05