

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5330
Name: Excalibur Production Co. Inc.
Address: 1016 N. Main, P. O. Box 278
City/State/Zip: McPherson, KS 67460
Purchaser: N/A
Operator Contact Person: Dennis Gordley
Phone: (620) 242-7156
Contractor: Name: _____
License: _____
Wellsite Geologist: N/A

Designate Type of Completion:
____ New Well ____ Re-Entry ____ Workover
____ Oil ____ X SWD ____ SIOW ____ Temp. Abd.
____ Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

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

Operator: Excalibur Production Co. Inc.
Well Name: Grandon #3
Original Comp. Date: 11-30-84 Original Total Depth: 3360
____ X 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. _____
9-02-06 9-04-06 9-10-06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 155-21,024-00-01
County: Reno
NE-NW-NW- Sec. 4 Twp. 24 S. R. 4 ☐ East ☒ West
4950 4823 feet from (S) N (circle one) Line of Section
4290 4417 feet from (E) W (circle one) Line of Section
GPS-LEC-Dg
Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE (NW) SW
Lease Name: W/2 NW/4 Grandon Well #: 3
Field Name: Burrton
Producing Formation: Mississippian-Osage
Elevation: Ground: _____ Kelly Bushing: 1478
Total Depth: _____ Plug Back Total Depth: 3440
Amount of Surface Pipe Set and Cemented at 280 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 588
feet depth to surface w/ 225 sq cmt.
W/O-Dg-11/26/08

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

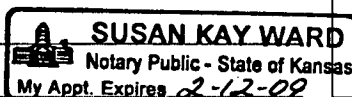
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West
County: _____ Docket No.: _____

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: Dennis Gordley
Title: LEASE FORMAL Date: 11/17/06
Subscribed and sworn to before me this 17th day of November
20 06

Notary Public: Susan Kay Ward
Date Commission Expires: 2-12-09



KCC Office Use ONLY

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

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Operator Name: Excalibur Production Co. Inc. Lease Name: Grandon Well #: 3
 Sec. 4 Twp. 24 S. R. 4 ☐ East ☒ West County: Reno

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: Drillers Log

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

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
Conductor	17	12 3/4		280	60/40 Poz 3% c.c.	225	3% c.c.
Surface	12 1/4	8 5/8	#24	588	60/40 Poz	225	3% c.c.
Prod	7 7/8	5 1/2	#15.5	3355	Common	100	

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	3355 to 3360	Common	125	2% c.c.
<input checked="" type="checkbox"/> Plug Off Zone				
<input checked="" type="checkbox"/> Liner	3343 to 3440	Common	30	

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	3381 to 3399	Acid 300 gal 15%	

TUBING RECORD	Size <u>2 7/8</u> Set At	Packer At <u>3335</u>	Liner Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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
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Disposition of Gas ☐ Vented ☐ Sold ☐ Used on Lease ☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled ☐ Other (Specify) _____
 (If vented, Submit ACO-18.)

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