

15-163-01156-0002

ORIGIN!

FORM MUST BE TYPED

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 6412
Name: Sid Tomlinson
Address 1802 Wildwood Drive
City/State/Zip Stillwater, OK 74075
Purchaser: Clear Creek
Operator Contact Person: Sid Tomlinson
Phone (405 372-2833)
Contractor: Name: N/A
License: _____
Wellsite Geologist: _____
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: Sid Tomlinson
Well Name: Keller #2
Comp. Date 1-30-82 Old Total Depth 3750
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTB
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
WORKOVER
Spud Date _____ Date Reached TD _____ Completion Date _____

API NO. 15- ~~6412~~ ORIGIN!
County Rooks
-N/2- NE- SW Sec. 32 Twp. 10 Rge. 20 X W
2310 Feet from S (circle one) Line of Section
1980 Feet from E (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or (SW) (circle one)
Lease Name Keller Well # 2
Field Name TRICO
Producing Formation Lansing & Arbuckle
Elevation: Ground SEE ORIGINAL ~~X~~ ACO-1
Total Depth _____ PBTB _____
Amount of Surface Pipe Set and Cemented at 210 ~~ft~~ Feet
Multiple Stage Cementing Collar Used? _____ Yes _____ No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit) N/A
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 Rng. _____ E/W
County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 on 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 Sid Tomlinson
Title OPERATOR Date 5-28-92
Subscribed and sworn to before me this 28th day of May
19 92.
Notary Public Lisa L. Kames
Date Commission Expires 2/16/93

RECEIVED
K.C.C. OFFICE USE ONLY
STATE CORPORATION COMMISSION
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
JUN 1 1992
Distribution
 KCC
 KGS
 OIL & GAS CONSERVATION DIVISION
 Plug Wichita, Kansas
(Specify)

SIDE TWO

Operator Name Sid Tomlinson Lease Name Keller Well # 2
 Sec. 32 Twp. 10 Rge. 20 East County ROOKS
 West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

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

SEE ORIGINAL ACO-1

CASING RECORD <input type="checkbox"/> New <input 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

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
	Perforate additional Lansing zones:		
4 jets	Lansing 3487-89	250 gal. 15% acid	
4 jets	Lansing 3497-99	250 gal. 15% acid	

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
	2 3/8	3705	N/A	

Date of First (Resumed Production) Start	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
2-20-92	

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	18	-0-	50		36

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)
 METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____
 Production Interval _____