

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 # 6470  
Name: Schankie Well Service, Inc.  
Address: 1006 SW Blvd, PO Box 397  
City/State/Zip: Madison, KS 66860  
Purchaser: Sunoco  
Operator Contact Person: Randall Schankie  
Phone: (620) 437-2595  
Contractor: Name: Rig 6 Drilling Co., Inc.  
License: 30567  
Wellsite Geologist: William Jackson

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. \_\_\_\_\_

<u>7-28-09</u>	<u>8-3-09</u>	<u>8-4-09</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 073-24115-0000  
County: Greenwood  
NE-NW-SE-SW Sec. 22 Twp. 23 S. R. 11  East  West  
1175 feet from S N (circle one) Line of Section  
3560 feet from E W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: Carver Well #: 6  
Field Name: Seeley-Wick  
Producing Formation: NA  
Elevation: Ground: 1145' Kelly Bushing: NA  
Total Depth: 2032' Plug Back Total Depth: 1087'  
Amount of Surface Pipe Set and Cemented at 40 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from 1093'  
feet depth to surface w/ 195 sx cmf.

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit)  
Chloride content NA ppm Fluid volume NA bbls  
Dewatering method used Vacuum Truck  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

*Handwritten:* AHZ-Dig-2/10/10

**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: Secretary Date: 2-3-10

Subscribed and sworn to before me this 3rd day of February,  
20 10.

Notary Public: Carol R. Bolon  
Date Commission Expires: January 9, 2013  
Carol R. Bolon  
NOTARY PUBLIC  
State of KS  
MY APPT. EXPIRES 1-9-2013

**KCC Office Use ONLY**

Letter of Confidentiality Received **RECEIVED**  
If Denied, Yes  Date: KANSAS CORPORATION COMMISSION  
 Wireline Log Received **FEB 04 2010**  
 Geologist Report Received  
 UIC Distribution **CONSERVATION DIVISION WICHITA, KS**

Operator Name: Schankie Well Service, Inc Lease Name: Carver Well #: 6  
 Sec. 22 Twp. 23 S. R. 11  East  West County: Greenwood

**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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:  <p style="text-align: center;">GAMMA RAY-NEUTRON</p>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Cherokee</td> <td>1716</td> <td>-571</td> </tr> <tr> <td>Ardmore</td> <td>1821</td> <td>-676</td> </tr> <tr> <td>Bartlesville Sand</td> <td>Absent</td> <td></td> </tr> </table>	Name	Top	Datum	Cherokee	1716	-571	Ardmore	1821	-676	Bartlesville Sand	Absent	
Name	Top	Datum											
Cherokee	1716	-571											
Ardmore	1821	-676											
Bartlesville Sand	Absent												

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
Surface	NA	8 5/8"	NA	40'	Common	20	NA
Production	6 3/4"	4 1/2"	10.5#	1093'	Common	195	2% gel

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
	880' - 910' 7 shots	500 gal 15% HCL Acid	
	930' - 990' 13 shots	15000# Sand Frac	

TUBING RECORD	Size	Set At	Packer At	Liner Run <input 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)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcl	Water Bbls.	Gas-Oil Ratio	Gravity
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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 \_\_\_\_\_

