## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

GRIGINA

Form ACQ4 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

## WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5488	API No. 15
. TWM PRODUCTION COMPANY	Spot Description:
Name:Address 1:1150 HIGHWAY 39	NE_SE_NW Sec. 21 Twp. 26 S. R. 18 ▼ East West
	3,745 Feet from ☐ North / ✓ South Line of Section
Address 2:	3,049 Feet from ▼ East / West Line of Section
	Footages Calculated from Nearest Outside Section Corner:
Contact Person: MICHAEL J. WIMSETT OR JENNIFER WIMSETT	-
Phone: ( 620 ) 431-4137	□ NE □ NW □ SE □ SW
CONTRACTOR: License # 5491	County: ALLEN GEE NW2
Name: W & W PRODUCTION COMPANY	Lease Name: GEFFERT Well #: GEF NW2
Wellsite Geologist: NONE	Field Name: HUMBOLDT/CHANUTE
Purchaser:	Producing Formation: BARTLESVILLE
Designate Type of Completion:	Elevation: Ground: EST 924 Kelly Bushing:
✓ New Well Re-Entry Workover	Total Depth: 783' Plug Back Total Depth:
✓ Oil	Amount of Surface Pipe Set and Cemented at: 31' Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? Yes V No
☐ OG ☐ GSW ☐ Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from: 783'
Cathodic Other (Core, Expl., etc.):	feet depth to: SURFACE w/ 98 sx cmt.
If Workover/Re-entry: Old Well Info as follows:	icet depart of
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	
	Chloride content:ppm Fluid volume:bbls
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD ☐ Conv. to GSW	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Otas Names
Dual Completion Permit #:	Operator Name:
SWD Permit #:	Lease Name: License #:
☐ ENHR Permit #:	Quarter Sec. Twp. S. R. East West
COW Permit #:	County: Permit #:
4/15/10 4/19/10 4/26/10	
Spud Date or Date Reached TD Completion Date or Recompletion Date	
Kansas 67202, within 120 days of the spud date, recompletion, workover or consider two of this form will be held confidential for a period of 12 months if rec	the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, onversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information quested in writing and submitted with the form (see rule 82-3-107 for confidenell report shall be attached with this form. ALL CEMENTING TICKETS MUST rm with all temporarily abandoned wells.
AFFIDAVIT	KCC Office Use ONLY
I am the affiant and I hereby certify that all requirements of the statutes, rules and	regu-
lations promulgated to regulate the oil and gas industry have been fully complied and the statements herein are complete and correct to the best of my knowledge.	1 With
, ,	Confidential Release Date:
Signature: Sexuel A. Wimath	Wireline Log Received
1 / 1/	Geologist Report Received UIC Distribution
OFFICE MANAGER 7/29/2010	

RECEIVED

OCT 0 7 2010

Operator Name: TWI	M PRODUCTION	N COMPANY	Lease	Name:	GEFFERT		_ Well #:GE	F NW2
	· ·			: ALLE				
INSTRUCTIONS: Sho time tool open and clos recovery, and flow rate line Logs surveyed. At	sed, flowing and shu s if gas to surface te	t-in pressures, whetlest, along with final cl	her shut-in pres	sure read	ched static level,	hydrostatic pres	sures, bottom n	ole temperature, fluid
Drill Stem Tests Taken	heefs)	☐ Yes 📝 N	о		og Formatio	n (Top), Depth ar	nd Datum	☐ Sample
(Attach Additional Sheets)  Samples Sent to Geological Survey  Cores Taken		☐ Yes 🗸 N	0	Nam	е	Тор		Datum
		☐ Yes ☑ N				•		
Electric Log Run Electric Log Submitted (If no, Submit Copy)		☐ Yes    ✓ N ☐ Yes    ✓ N					*,	
List All E. Logs Run: WELL LOG			. ~ .					
			SING RECORD	□ Ne	w Used	ion etc		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Wei	ght	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
SURFACE	11"	7"			31'	PORTLAND	10	
CASING	·	2"			763'	PORTLAND	98	
		ADDITIO	ONAL CEMENTI	NG / SQL	JEEZE RECORD			
Purpose:  Perforate Protect Casing Plug Back TD Plug Off Zone	Top Bottom	Type of Cement	# Sacks	s Used		Type and I	Percent Additives	
Shots Per Foot		PERFORATION RECORD - Bridge Plugs S Specify Footage of Each Interval Perforat			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)  Dep			d Depth
TUBING RECORD:	Size:	Set At: 763'	Packer A	 .t:	Liner Run:	Yes No	)	
Date of First, Resumed F 4/26/10	Production, SWD or EN	HR. Producing	`	ng 🗌	Gas Lift 🔲 C	Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbis. Gas	Mcf	Wat	er B	bls.	Gas-Oil Ratio	Gravity
DISPOSITIO	N OF GAS:	F-73	METHOD OF				PRODUCTIO	ON INTERVAL:
Vented Sold	Used on Lease	✓ Open Hole  Other (Special	Perf. '	U Dually		mit ACO-4)		

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichlta, Kansas 67202

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## TWM PRODUCTION COMPANY 1150 HIGHWAY 39 CHANUTE, KANSAS 66720

GEFFERT LEASE WELL # GEF NW2 API# 001-29970-00-00 NE,SE,NW S21,T26,R18E

•	
0-10'	SOIL/CLAY
10-26'	SANDY/SOIL
26-27'	GRAVEL
27-31'	SHALE/LIME
31-45'	SHALE
45-55'	LIME
55-115'	SHALE
115-190'	LIME
190-195'	SHALE
195-280'	LIME
280-362'	SHALE
362-367'	LIME
367-415'	SHALE
415-422'	LIME
422-430'	SHALE
430-440'	LIME
440-445'	SHALE
445-460'	LIME
460-515'	SHALE
515-520'	LIME
520-525'	SHALE
525-545'	LIME
545-580'	SHALE
580-600'	LIME
600-609'	SHALE
609-602'	LIME
612-765'	SHALE
765-772'	OIL SAND
772-783'	SHALE

783'T.D.

DANGER - MAY CAUSE BURNS TO EYES AND SKIN. CONTAINS CALCIUM HYDROXIDE WHEN MIXED WITH WATER, SKIN AREAS THAT COME INTO CONTACT WITH PORTLAND CEMENT OR MIXTURES CONTAINING PORTLAND CEMENT, EITHER DIRECTLY OR THROUGH SATURATED CLOTHING, SHOULD BE PROMPTLY WASHED WITH WATER. FAILURE TO DO SO MAY CAUSE SKIN IRRITATION OR POSSIBLE THIRD DEGREE BURNS REACHING DEEP TISSUES WITH LITTLE WARNING. BODY PERSPIRATION OR MOISTURE MAY CAUSE HYDRATION OF DRY CEMENT ALSO RESULTING IN BURNS. IF IRRITATION BEGINS TO INCREASE SEE A PHYSICIAN IMMEDIATELY. IF PORTLAND CEMENT OR A MIXTURE CONTAINING PORTLAND CEMENT GETS IN THE EYE, RINSE IMMEDIATELY AND REPEATEDLY WITH WATER AND SEEK PROMPT MEDICAL ATTENTION. IF INGESTED, CONSULT A PHYSICIAN IMMEDIATELY, DRINK WATER. CONTAINS CRYSTALLINE SILICA; CHRONIC OVEREXPOSURE TO AIRBORNE CRYSTALLINE SILICA HAS BEEN LINKED TO LUNG PROBLEMS, INCLUDING CANCER AND SILICOSIS. USE A NIOSH-APPROVED DUST RESPIRATOR. MATERIAL SAFETY DATA SHEETS AVAILABLE ON REQUEST. KEEP OUT OF REACH OF CHILDREN. "WARNING"

## **CUSTOMER'S COPY**



AT HUMBOLDT, KANSAS

carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination. If on its route, otherwise to deliver to another carrier on the route to said destination. It is intutually agreed, as to each carrier of all or any portion of said or onto to to deliver to another carrier on the route to said destination. In the intutually agreed, as to each carrier of all or any of said property, that or on the route to destination, and as to each party at time interested in all or any of said property, that every service to be performed hereunder, shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Preight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar, with all the terms and conditions of the said bill of lading set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

	20 oru 10	SHIPPER'S NO.	cade i
HUPSOC			Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
		00911	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges:
			(Signature of Consignor)
	(Mail or street address of consignee — For purpose	s of notification only.)	If charges are to be prepaid, write or stamp here, "To Be Prepaid."
CONSIGNED TO	W-W PRODUCTION 1150 W HIGHWAY 39	• .	
DESTINATION	CHANUTE KANSAS	•	Received \$
ROUTE C	7 ra 1 Sen Walliff		to apply in prepayment of the charges on the property described hereon.
CAR NO./TRAILER	NO. 1 YOUR NO.		Agent or Cashier Per
	A, diversion		(The signature here acknowledges only the amount prepaid.)
Quantity	, Description	Class or Rate	Charges Advanced:
		• '	· ·

TYPE I/II TONS 5,67 METRIC

LBS. GROSS	46500 lb	I 686 2 13:44 04-20-40	
LBS. TARE	34080 lb	1 686 2 13:41 04-20-10	
CORRECT NET	12500 16	If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is a rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. I hereby specifically stated by the shipper to be not exceeding per	arrier's or shipper's weight. NOTE-Where the he agreed or declared value of the property is
CERTIFIE	ED SHIPPERS WEIGHT	THE MONARCH CEMENT COMPANY  Permanent post office address of shipper. HUMBOLDT, KANSAS 66748	Agent.

SPECIAL INSTRUCTIONS

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RUN:

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KC@WICHITA