

KCC OIL/GAS REGULATORY OFFICES

Date: 1-21-11

District: 1

Case #: _____

New Situation

Lease Inspection

Response to Request

Complaint

Follow-Up

Field Report

Operator License No: 30606

API Well Number: 15-101-22273-0000

Op Name: Murfin Drilling Co Inc

Spot: SE NE NE Sec 23 Twp 18 S Rng 30 E / W

Address 1: 250 N Water Ste 300

1000 Feet from N / S Line of Section

Address 2: _____

335 Feet from E / W Line of Section

City: Wichita

GPS: Lat: _____ Long: _____ Date: _____

State: Kansas Zip Code: 67202

Lease Name: Harris Well #: 1-23

Operator Phone #: 316 267-3241

County: Lane

Reason for Investigation:

Alternate II Cementing Company Man - John Gerstner

Problem:

Persons Contacted:

Findings:

8 3/8" 224', 5 1/2" 4660 w/ 1755x. TD 4665'
Port Collar 2220'
Swift Suls pumped 1655x 3MD thru port collar.
Circulated 305x to the pit.

Action/Recommendations:

Follow Up Required Yes No

Date: _____

Alt II Cementing Complete

RECEIVED

JAN 31 2011

KCC WICHITA

Verification Sources:

Photos Taken: _____

<input type="checkbox"/> RBDMS	<input type="checkbox"/> KGS	<input type="checkbox"/> TA Program
<input type="checkbox"/> T-I Database	<input type="checkbox"/> District Files	<input type="checkbox"/> Courthouse
<input type="checkbox"/> Other: _____		

By: Ken Jehlik
FIRTI

Retain 1 Copy District Office
Send 1 Copy to Conservation Division

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JAN 26 2011

Form: _____

KCC DODGE CITY

Date: _____

District: _____

License #: _____

Op Name: _____

Spot: _____ Sec _____ Twp _____ S Rng _____ E W

County: _____

Lease Name: _____ Well #: _____

I.D. Sign Yes No

Tank Battery Condition
Condition: Good Questionable Overflowing

Pits, Injection Site
Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.

Oil Spill Evidence

Abandoned Well Potential Pollution Problem Yes No

Lease Cleanliness
 Very Good Satisfactory Poor Very Bad

Gas Venting Yes No

Pits
Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.

Saltwater Pipelines
Leaks Visible: Y N Tested for Leaks: Y N

Flowing Holes

TA Wells

Monitoring Records

SWD/ER Injection Well Yes No

Permit #: _____ Pressure – Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure – Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure – Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure – Actual: _____ psi; Authorized: _____ psi

Gauge Connections Yes No

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

API Number	Footages	Spot Location	GPS	Well #	Well Status

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Form: _____