

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

KANSAS CORPORATION COMMISSION

3-21-11
MAR 21 2011

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
Blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

RECEIVED

OPERATOR: License # 5208
Name: Exxon Mobil Oil Corporation
Address 1: P.O. Box 4358
Address 2: -
City: Houston State: TX Zip: 77210 + 4358
Contact Person: Gladys Olive
Phone: (281) 654-1921
CONTRACTOR: License # Unknown
Name: Unknown
Wellsite Geologist: -
Purchaser: Exxon Mobil Corporation

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.):

If Workover/Re-entry: Old Well Info as follows:
Operator: Mobil Oil Corporation
Well Name: C.W. Robinson Unit

Original Comp. Date: 9-27-75 Original Total Depth: 3060
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

2-19-11 9-4-75 2-24-2011 (workover)
Spud Date/Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 189-20277-0001
Spot Description:
NE Sec. 1 Twp. 34 S. R. 39 East West
1322 Feet from North / South Line of Section
1323 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Stevens
Lease Name: C.W. Robinson Unit Well #: 1
Field Name: Panoma
Producing Formation: Council Grove
Elevation: Ground: 3242 Kelly Bushing: 3250
Total Depth: 3060 Plug Back Total Depth: 3025
Amount of Surface Pipe Set and Cemented at: 609 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 3055
feet depth to: Surface w/ 200 sx cmt.

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 #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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.

AFFIDAVIT

I am the affiant and I hereby certify that 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: Gladys M. G.
Title: Technical Asst. Date: 3-18-11

KCC Office Use ONLY

Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution copy to Sim K
ALT I II III Approved by: Dg Date: 3/22/11

Operator Name: Exxon Mobil Oil Corporation Lease Name: C.W. Robinson Unit Well #: 1
 Sec. 1 Twp. 34 S. R. 39 East West County: Stevens

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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cimarron	1704
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chase	2583
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Council Grove	2915
List All E. Logs Run:	No logs run; repaired casing & returned well to production only.		

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	13 3/4"	10 3/4"	NA	609	H	150	12% gel
Production	8 3/4"	5 1/2"	NA	3055	H	200	18% Salt

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input checked="" 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 <i>(Amount and Kind of Material Used)</i>	Depth
	Set RBP + PT csg - found		
	leak @ 3' - dug out around well head - cut & reweld prod.		3'
	csg - PT csg held OK. POH		
	W/RBP + CC to PBD @ 3025'		

TUBING RECORD:	Size: <u>2 3/8"</u>	Set At: <u>3004</u>	Packer At: <u>SN @ 3005</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR:	<u>2-24-11</u>			
Producing Method:	<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls. <u>0</u>	Gas Mcf <u>65</u>	Water Bbls. <u>9</u>	Gas-Oil Ratio <u>—</u>
				Gravity <u>—</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>2926-3012 GA</u>
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