

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

ORIGINAL

Form ACO-1

June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 3591
Name: C&E Oil
Address 1: 422 Elm
Address 2: _____
City: Moline State: Ks Zip: 67353 + _____
Contact Person: Ed Triboulet
Phone: (620) 647-3601
CONTRACTOR: License # 3591
Name: C&E Oil
Wellsite Geologist: None
Purchaser: Plain Marketing
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: C&E Oil
Well Name: Jacot #5
Original Comp. Date: 05/29/83 Original Total Depth: 2067
☐ 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 #: _____

11/19/10	11/23/10	1/24/11
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 019-24174-00-001
Spot Description: CQ
SE SW SE - Sec. 11 Twp. 32 S. R. 10 ☒ East ☐ West
330 Feet from ☐ North / ☒ South Line of Section
1,650 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☐ SE ☐ SW
County: CQ
Lease Name: Jacot Well #: 5
Field Name: Oliver
Producing Formation: Mississippian
Elevation: Ground: 1099 Kelly Bushing: 0
Total Depth: 2058 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: _____ 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)

Chloride content: _____ ppm Fluid volume: 06/20/08 bbls
Dewatering method used: Evaporation
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: Ed Triboulet
Title: Owner Date: 2-7-2011

KCC Office Use ONLY

☐ Letter of Confidentiality Received

Date: _____ **RECEIVED**
FEB 24 2011

☐ Confidential Release Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☒ II ☐ III Approved by: Dg Date: 3/1/11

KCC WICHITA

Operator Name: C&E Oil Lease Name: Jacot Well #: 5
 Sec. 11 Twp. 32 S. R. 10 ☒ East ☐ West County: CQ

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 ☐ Yes ☒ No
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☐ Yes ☒ No

Electric Log Submitted Electronically ☐ Yes ☒ No
 (If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample

Name Top Datum

None

CASING RECORD ☐ New ☐ 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
re entry surface & casing in hole							

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing		2005-2015		1500gal 15% acid
___ Plug Back TD				
___ Plug Off Zone		1667-1672		1500gal 15% acid

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

RECEIVED

FEB 24 2011

KCC WICHITA

TUBING RECORD: Size: 2 3/8 Set At: 2025 Packer At: _____ Liner Run: ☐ Yes ☒ No

Date of First, Resumed Production, SWD or ENHR.
2-15-2011

Producing Method:
☐ Flowing ☒ Pumping ☐ Gas Lift ☐ Other (Explain) _____

Estimated Production Per 24 Hours Oil Bbls. 1 Gas Mcf none Water Bbls. 28 Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS:

☐ Vented ☐ Sold ☐ Used on Lease
 (If vented, Submit ACO-18.)

METHOD OF COMPLETION:

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled
 (Submit ACO-5) (Submit ACO-4)
☐ Other (Specify) _____

PRODUCTION INTERVAL:

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