

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

Address: PO Box 397, 1006 SW Boulevard County: Madison, KS 66860 Chystatety: Madison, KS 66860 Chystatety: Madison, KS 66860 Chystatety: Name: Sunoco Coeritor Contact Person: Randall Schankie Corrector: Name: Rig 6 Drilling Co., Inc. Leenes: 30567 Weltsite Geologist: William Stout X New Well Re-Entry Workover X Noi SWD SIOW Temp Abd. Gas ENRR SIGW Dry Other (Cow. SWB, Espl. Cathodic, etc) If Workover/Re-entry: Old Well into as follows: Well Name: Commission Despening Re-per. Com. to Enhr/SWD Plug Back. Plug Back Total Depth: Commission Dual Completion Docket No. Dual Completion Docket No. Dual Completion Docket No. Dual Completion Docket No. Dual Completion Date Note: No. Dual Completion Date No. Dual Comp	(API No. 15 - 073-24148-0000
Name: Charles Page 1	Operator: License # 6470	Greenwood
Address: P. D. But Strate from S. N. (circle one) Line of Se (Single State from S. N. (circle one) Line of Se (Single State from S. N. (circle one) Line of Se (Single State from S. N. (circle one) Line of Se (Single State from S. N. (circle one) Line of Se (Single State from S. N. (circle one) Line of Se (Single State from S. N. (circle one) Line of Se (Single State from S. N. (circle one) Line of Se (Single State from S. N. (circle one) Line of Se (Single State from S. N. (circle one) Line of Se (Single State from S. N. (circle one) Line of Se (Single State from S. N. (circle one) Line of Se (Single State from S. N. (circle one) Line of Se (Single State from S. N. (circle one) Line of Se (Single State from S. N. (circle one) Line of Se (Single State from S. N. (circle one) Line of Se (Single State from S. N. (circle one) Line of Se (Single State from S. N. (circle one) Line of Se (Single State from S. N. (circle one) Line of Se (Single State from S. Single Sta	Name: Schankie Well Service, Inc.	
City/State/Dir. Name: Stroco Operator Contact Person: Randall Schankie Operator Rig 6 Drilling Co., Inc. South Schankie Operator Shull William Stout Designate Type of Compelation: X New Well Ro-Entry Workover X Oil SWD SIOW Temp Abd. Gas ENHR SIGW Dry Oiner (Core, WSW, Expl., Cathodic, etc) If Workover/Re-entry: Old Well Info as follows: Operator: Well Name: Operator: Well Name: Operator: Well Name: Operator: Despending Re-pert. Corw, to Entru/SWD Depending Re-pert. Corw, to Entru/SWD Depending Re-pert. Corw, to Entru/SWD Depending Re-pert. Docket No. Dual Completion Docket No. Dual Completion Docket No. Dual Completion Date or Date Reached TD Completion Date or Recompletion Date NSTRUCTIONS: An original and two copies of this form shall be filled with the Karsas Corporation Commission, 130 S. Market - Room 2078. All requirements of the statuser, July of the spud date, recompletion. NSTRUCTIONS: An original and two copies of this form shall be filled with the Karsas Corporation Commission, 130 S. Market - Room 2078. All requirements of the statuser, July of the spud date, recompletion, workover or conversion of a well. Pub 23-330, 82-3-106 and 82-3-10 and 13-10	Address: PO Box 397, 1006 SW Boulevard	
Procreate Contact Person: Randall Schankie Phone: (\$620, 437-2593 Contractor: Name: Rig 6 Drilling Co., Inc. License: 30567 Wellste Geologis: William Stout Designate Type of Completion: X. New Well Re-Entry Workover X. Ou SWD SIOW Temp. Abd. Gas ENHR SIGW Dry Other (Core, WSW, Expl., Cathodic, etc) If Workover/Re-entry: Old Well Info as follows: Operator: Despening Re-perf. Conv. to Enth /SWD Plug Back Plug Back Total Depth: Deapening Re-perf. Conv. to Enth /SWD Plug Back Down Doket No. Other (SWD or Enth.?) Doket No. Other (SWD or Enth.?) Date Reached TD Date Reached TD Date Reached TD Completion Date INSTRUCTIONS: An original and two copies of this form shall be filed with the Karasas Corporation Commission, 130 S. Market - Room 2078. Karasas 67202, within 120 days of the spud date, recompletion bate or flacompletion and to days of the spud date, recompletion of a well. Rule 92-9-130, 82-3-106 and 82-3-107 kindswife and so the statute of the	City/State/Zip: Madison, KS 66860	
Contractor: Name: Rig 6 Drilling Co., Inc. Contractor: Name: Rig 6 Drilling Co., Inc. Lease Name: Shull Well #: 6	Purchaser: Sunoco	
Phone: (620) 437-2595 Contractor: Name: Rig 6 Drilling Co., Inc. Ucensa: 30567 Wellsite Geologis: William Stout Designate Type of Completion: X. New Well Re-Entry Workover X. Oil SWD SIOW Temp. Abd. Gas ENHR SIGW Dry Other (Core, WSW, Expl., Cathodic, etc) If Workover/Re-entry: Old Welt Info as follows: Operator: Despening Re-pert. Corw. to Enhr/SWD Plug Back Commingted Docket No. Date: Cormingted Docket No. Dual Completion Dote (SWD or Enhr.?) Docket No. Other (SWD or Enhr.?) Docket No. Other (SWD or Enhr.?) Docket No. Other (SWD or Enhr.?) INSTRUCTIONS: An original and two copies of this form shall be filled with the Kansas Corporation Commission, 130 S. Market - Room 2078. Natraction of side two of this form will be held confidential for a period of 12 months. One copy of all witness for equilate time oil and gas industry have been fully compliced with the Narsas Corporation Commission, 130 S. Market - Room 2078. NISTRUCTIONS: An original and two copies of this form shall be filled with the Kansas Corporation Commission, 130 S. Market - Room 2078. NISTRUCTIONS: An original and two copies of this form shall be filled with the Kansas Corporation Commission, 130 S. Market - Room 2078. NISTRUCTIONS: An original and two copies of this form shall be filled with the Kansas Corporation Commission, 130 S. Market - Room 2078. NISTRUCTIONS: An original and two copies of this form shall be filled with the Kansas Corporation Commission, 130 S. Market - Room 2078. NISTRUCTIONS: An original and two copies of this form shall be filled with the Kansas Corporation Commission, 130 S. Market - Room 2078. NISTRUCTIONS: An original and two copies of this form shall be filled with the Kansas Corporation Commission, 130 S. Market - Room 2078. NISTRUCTIONS: S. An original and two copies of this form shall be filled with the Kansas Corporation Commission, 130 S. Market - Room 2078. NISTRUCTIONS: S. An original and two copies of this form shall be filled with the Kansas Corporation Commission, 130 S. Market - Room 207	Operator Contact Person: Randall Schankie	
Contractor: Name: Rig 6 Drilling Co., Inc. Constractor: Name: 30567 Subsection	Phone: (620)437-2595	(circle one) NE (SE) NW SW
Wellstie Geologist: William Stout	Contractor: Name: Rig 6 Drilling Co., Inc.	Lease Name: Shull Well #: 0
Producing Formation: NA Producing Formation: Producing Formation: Na Producing Formation: Producing Formation: Producing Formation: Na Producing Formation: Producing Formation: Na Producing Formation: Producing F	1 30 5 6 7	Field Name: Seeley-Wick
Designate Type of Completion: X New Well Re-Entry Workover X Oil SWD SIOW Temp. Abd. Gas ENHR SIGW Dry Other (Core, WSW, Expl., Cathodic, etc) If Workover/Re-entry: Oid Well Info as follows: Operator: Well Name: Original Comp. Date: Original Total Depth: Despening Re-perf. Corv. to Entr/SWD Plug Back Depth Date Reached TD Other (SWD or Enhr.?) Docket No. Other (SWD or Enhr.?) Notary Public State of Kortas Reases 67202, within 120 days of the spud date, recompletion Date INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-10 information between the sort with the form (see information of side two of this form with be thed condidential for a period of 12 months if requested in witing and submitted with this form ALL CEM 170 for confidentiality in excess of 12 months). One copy of all wireline logs and geologic well report shall be attached with this form ALL CEM 170 for confidentiality in excess of 12 months). One copy of all wireline logs and geologic well report shall be attached with this form ALL CEM 170 for confidentiality in excess of 12 months). One copy of all wireline logs and geologic well report shall be attached with this form ALL CEM 170 for confidentiality Att	William Stout	Producing Formation: Bartlesville
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Amount of Surface Pipe Set and Germented at		Total Depth. 1996 Plug Back Total Depth: 1983
Gills — SIGW — Dry — Other (Core, WSW, Expl., Cathodic, etc) If Workover/Re-entry: Old Well Info as follows: Operator: — Well Name: — Original Total Depth: — Corn. to Entr/SWD — Plug Back — Plug Back Total Depth — Other (SWD or Enhr.?) — Deepening — Re-pert. — Corn. to Entr/SWD — Plug Back Total Depth — Other (SWD or Enhr.?) — Dual Completion — Docket No. — Other (SWD or Enhr.?) — Dual Completion — Date Reached TD — Original Total Depth — Other (SWD or Enhr.?) — Date Reached TD — Plug Back — Plug Back Total Depth — Dowatering method used — Vacuum Truck — Dowatering method used — Vacuum Truck — Cornty — Depth — Date Reached TD — Plug Back Total Depth — Dowatering method used — Vacuum Truck — Dowatering — Dowatering method used — Vacuum Truck — Dowatering — D		Amount of Surface Pipe Set and Cemented at Feet
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Deperators: Deperators: Deferators: Deferators: Deferators: Deferators: Deferators: Deferators: Deferators:		If Alternate II completion, cement circulated from 1991'
Drilling Fluid Management Plan		feet depth to surface w/ 255 sx cmt.
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Other (SWD or Enhr.?)	Plug Back Plug Back Total Depth	Dewatering method used Vacuum Truck
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Notary Public: Date		
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-106 and 82-3-10 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 in 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 in 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 in 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 in Information of side two of this form will be held confidential to a period of 12 months if requested in writing and submitted with the form (see in Information of side two of this form will be held confidential to a period of 12 months if requested in writing and submitted with the form (see in Information of side two of this form will be held confidential to a period of 12 months if requested in writing and submitted with the form (see in Information of a well. Rule 82-3-106 and 82-3-	Saud Date or Date Reached TD Completion Date or	
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Kansas 67202, within 120 days of the spud date, recompletion, workover of contressent of the statute with the form (see in Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with this form. ALL CEM 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 CEM 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 herein are complete and porrect to the best of my knowledge. Signature: Secretary Date: 4-7-11 Letter of Confidentiality Attached If Denied, Yes Date: Wireline Log Received Geologist Report Received UIC Distribution, APR 0 8 20		
Signature: Secretary Date: 4-7-11 Letter of Confidentiality Attachéd If Denied, Yes Date: Wireline Log Received RECEIVEL Notary Public: Scale of Karsas My Appt. Expires 5-20-201 MY 2-Dox 4-101	Kansas 67202, within 120 days of the spud date, recompletion, works information of side two of this form will be held confidential for a period of 107 for confidentiality in excess of 12 months). One copy of all wireline to TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged we	of 12 months if requested in writing and submitted with the form (see rule 82-3- gs and geologist well report shall be attached with this form. ALL CEMENTING tills. Submit CP-111 form with all temporarily abandoned wells.
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Signature: Secretary Date: 4-7-11 Letter of Confidentiality Attachéd If Denied, Yes Date: Wireline Log Received RECEIVED Notary Public: State of Karjsas My Appt. Expires 5-20-201 NOTARY Public: APR 0 8 20	nerein are complete and contect to the design of the session of th	VOC OUT Une ONLY
Title: Secretary Date: 4-7-11 Letter of Confidentiality Attached Subscribed and sworn to before me this 7th day of April If Denied, Yes Date: Wireline Log Received Notary Public: State of Karjsas My Appt. Expires 5-20-201 UIC Distribution, APR 0 8 20	Signature: I adap (Make , UE	KCC OTICE USE ONLY
Subscribed and sworn to before me this 7th day of April RACHEL D. BALLARD Wireline Log Received RECEIVED Notary Public: State of Karsas My Appt. Expires 5-20-201 UIC Distribution, APR 0 8 20	Secretary Date: 4-7-11	Letter of Confidentiality Attach4d
Subscribed and sworn to before me this / day of RACHEL D. BALLARD Wireline Log Received RECEIVED Notary Public: State of Karlsas My Appt. Expires 5-20-201- UIC Distribution, APR 0 8 20	Title: Secretary Date.	
Notary Public: Received Balloud Report Received My Appt. Expires 5-20-2011 UIC Distribution, APR 0 8 20	Subscribed and sworr to before the time	Wireline Log Received
Notary Public: Scalland My Appt. Expires 5-20-2014 UIC Distribution, APR 0 8 20	20 A RACH	EL D. BALLARD
Notary Public: Strategy	My Appt. Expire	
Date Commission Expires: 1 100 00 - 2019	2 . 00 0011	AH2-Dlar 4hali
	Date Commission Expires: W Q Q Q - 2019	THE KAP WINDUTA

Operator Name: Sch	ankie Well	Serv	<u>rice, I</u>	nc. Leas	se Name: _	Shull		_ Well #:6_		
Sec. 21 Twp2	23 S. R. 11	🔼 East	West	Coun	ıty:	Greenwo	o o d		· · · · · · · · · · · · · · · · · · ·	
INSTRUCTIONS: Shot tested, time tool open temperature, fluid reconstruction Electric Wireline Logs	and closed, flowing every, and flow rates	and shut- if gas to :	in pressures, surface test,	, whether along with	shut-in pre	essure reached :	static level, hydro	static pressure	es, bottom hole	
Drill Stem Tests Taken (Attach Additional S		☐ Ye	s 🛣 No			og Fermatio	on (Top), Depth a	and Datum	∑ Sample	
Samples Sent to Geole	ogical Survey	☐ Ye	s 🗷 No		Nam			Тор	Datum	
Cores Taken	og.ou. ou. roy	Ye	_		- 1	nore :lesville	Sand	1741 1864	-609 -732	
Electric Log Run (Submit Copy)		Ye	<u> </u>			Bartlesville 1935 -80			-803 -864	
List All E. Logs Run:										
			CASING	RECORD	Ne	w Used				
	1 - 2					ermediate, product			ı	
Purpose of String	Size Hole Drilled		Casing (In O.D.)		eight s. / Ft.	Setting Depth	Type of Cement	# Sacjs Used	Type and Perce Additives	int
Surface	N A	8	5/8"	<u> </u>	I A	40'	Common	20	N A	
Production	6 3/4"	4	1/2"	10).5#	1991'	Common	255	6%ge1	
	<u> </u>		ADDITIONA	L CEMENT	ING / SQL	JEEZE RECORD	<u> </u>	1	<u> </u>	
Purpose:	Depth	Type	of Cement	1	ks Used			ercent Additives	··-	
Perforate Protect Casing Plug Back TD	Top Bottom									
Plug Off Zone									·	
Shots Per Foot	PERFORATIO	N RECOR	 D - Bridge Plu	gs Set/Typ	e	Acid, Frac	cture, Shot, Cemen	t Squeeze Recor	d	
Shots Fer Foot	Specify Fe	otage of E	ach Interval Pe	rforated			nount and Kind of M.		Dept	th
	Not Logs	ged or	r Compl	eted			<u></u>			
TUBING RECORD	Size	Set At		Packer	At	Liner Run	∐Yes ∐ No		:	
Date of First, Resumerd f	Production, SWD or En	hr.	Producing Me	thod	Flowin	g Pumpir	ng 🔲 Gas Li	ft 🔲 Oth	et (Explain)	
Estimated Production Per 24 Hours	Oil B	bis.	Gas	Mcf	Wate	er B	bls. (Gas-Oil Ratio	Gravi	y
Disposition of Gas	METHOD OF CO	MPLETIO	N			Production Inter	val		<u></u>	
Vented Sold	Used on Lease	[Open Hole		rf. 📙 🕻	Dually Comp.	Commingled _			
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TICKET NUMBER	<u> 29146 </u>
LOCATION EUCE	
FOREMAN STEW	Meal

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT **CEMENT**

GUSTOMER GUSTOMER Sharkis Livell Salvice MALLING ADDRESS MALLING ADDRESS	DATE	CUSTOMER#	WELL NAME	& NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
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P. 9. Rex 797 CITY STATE ZIPCODE 1. 16860 1		e Well Sa	Lnjce		ļ			TRUCK#	DRIVER
TOTAL STATE PRODUCTY PRO	MAILING ADDRESS								
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AUTHORIZTION____ I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

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