ORIGINAL

STATE CORPORATION COMMISSION OF KANSAS

SIDE ONE

API NO. 15- 071-20493-000

OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM county Greeley ACO-1 WELL HISTORY DESCRIPTION OF WELL AND LEASE NW NE NW sec. 1 Tup. 18 Rge. 43 Operator: License # ___5952 4950 __ Ft. North from Southeast Corner of Section Amoco Production Company 3460 Ft. West from Southeast Corner of Section (NOTE: Locate well in section plat below.) Address P.O. Box 800, Rm. 1833 Lawson Lease Name _____Well# $^{
m l}$ Moore-Johnson Field Name City/State/Zip Denver, CO 80201 N/A Producing Formation N/A Purchaser: 3887 ' 38991 Elevation: Ground Operator Contact Person: J. A. Victor 5350 ! -Total Depth ----PBTD Phone (303) 830-4009 Exeter Drilling Contractor: Name: 4950 4620 3098 4290 License: 3630 Wellsite Geologist:____ 3300 2970 Designate Type of Completion 2640 New Well ____ Re-Entry ___ Workover 2310 Temp. Abd.CENET

Delayed Comp.Time
Water Comp.Time 1980 1650 Gas Inj Delayed Comp. 109040

Material Supply etc.) 1320 990 660 330 If OWNO: old well info as follows:
Operator: N/A MOIEIVIL ansas Well Name: _____ Amount of Surface Pipe Set and Cemented at ________ Feet Comp. Date _____ Old Total Depth __

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 apply. Information on 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 drillers time log shall be attached with this form. ALL CEMENTING TICKETS HUST BE ATTACHED. Submit CP-4 conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

feet depth to ___

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 J. Hampton Title Sr. Staff Admin. Supv.		
ricie Sr. Staff Admin. Supv.	Date	5/ 09 /90
Subscribed and sworn to before me this 9th day	of Ma	у,
ENOTARY Public Color Of Victor	` ` ` `	
Date Commission Expires 4/7/94		
•		

X Mud Rotary ____ Air Rotary ____ Cable

Date Reached ID Completion Date

2/9/90

2/8/90

C) Vire	.C. OFFICE USE ONLY er of Confidentiali line Log Received lers Timelog Receiv	ty Attached
KCC KGS	Distribution SWD/Rep Plug	NGPA Other (Specify)

Multiple Stage Cementing Collar Used? _____Yes ___X No

If yes, show depth set ______Feet

If Alternate II completion, cement circulated from ____

Form ACO-1 (7-89)

ORIGINAL

SIDE TWO

perator NameAmoo	co Produc	ction Company	Lease Name _	Laws	on	_Well # _	1	
	ſ	٦	County	Greele	y			
ес. <u>1</u> тыр. <u>18</u> Rg	e. <u>43</u>	X West						
ISTRUCTIONS: Show imponterval tested, time to drostatic pressures, but more space is needed.	ool open an ottom hole t	nd closed, flowing ar emperature, fluid rec	nd shut-in press	ures. whethe	er shut-in pres	sure react	ned static level,	
ill Stem Tests Taken (Attach Additional Sh	eets.)	☐ Yes ☒ No	Formation Description					
amples Sent to Geologic	al Survey	Yes No		. 2	Ø Log □	Sample	•	
ores Taken		Yes No	Name		Тор	Botto	т	
ectric Log Run (Submit Copy.)		Yes No	Admire	es	3546'	S	eyes te. Genevieve t. Louis	51 52 52
		CASING RECORD	Y TXI					
"	Report a	ll strings set-conduc	New Us		production, et	c. [']		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight C	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
Surface .	12-1/4"	8-5/8"	24#	518'	Lite C	130	CACL 2%	
	· · · · · · · · · · · · · · · · · · ·				Premium C	125	CACL 2%	
Shots Per Foot Sp	PERFORATIO ecify Foota	W RECORD ge of Each Interval I	Perforated		Fracture, Shot, d Kind of Mater		ueeze Record Depth	••
						. =:		í. <u>.</u> .
TUBING RECORD None	iize	Set At	Packer At None	Liner Run	☐ Yes 【】	No		
Date of First Product	ion Produc	ing Method Flowing	D _{Pumping} D G	as Lift	Other (Explain)) .		<u> </u>
Estimated Production Per 24 Hours	oil	Bbls. Gas	Mcf Wate	r Bbls.	Gas-Oi	Ratio	Gravity	 - -
Disposition of Gas:	1	N	ETHOD OF COMPLET	ION	<u>. 18</u> 1		Production Interval	1
Vented Sold (If vented, subm	Used on it ACO-18.)		Nole Perfo	oration	Dually Complete	ed Com	mingled	a and
\$P		□ Otho	er (Specify)				70 - N F S	ž Ž