

STATE CORPORATION COMMISSION OF KANSAS  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
ACO-1 WELL HISTORY  
DESCRIPTION OF WELL AND LEASE

API NO. 15- 071-20565-000 ORIGINAL

County Greeley

SW NW Sec. 22 Twp. 18S Rge. 42 X V

Operator: License # 30994

2200 Feet from S (circle one) Line of Section

Name: Leede Oil & Gas, Inc.

330 Feet from E (circle one) Line of Section

Address 2100 Plaza Tower One

Footages Calculated from Nearest Outside Section Corner:  
(NE) SE, NW or SW (circle one)

6400 S. Fiddler's Green Circle

City/State/Zip Englewood, CO 80111

Lease Name Williams Well # 1-22

Purchaser: \_\_\_\_\_

Field Name Wildcat

Operator Contact Person: Doug Wood, DRW Operating

Producing Formation P&A

Phone (303) 629-1523

Elevation: Ground 3796' KB 3805'

Contractor: Name: Murfin Drilling Company, Inc.

Total Depth 5300' PBD 5300'

License: 30606

Amount of Surface Pipe Set and Cemented at 320 Feet

Wellsite Geologist: Matthew Goolsby

Multiple Stage Cementing Collar Used? Yes X No

Designate Type of Completion  
X New Well \_\_\_\_\_ Re-Entry \_\_\_\_\_ Workover \_\_\_\_\_

If yes, show depth set \_\_\_\_\_ Feet

- Oil  SWD  SIGW  Temp. Abd.
- Gas  ENHR  SIGM
- Dry  Other (Core, WSW, Expl., Cathodic, etc)

If Alternate II completion, cement circulated from \_\_\_\_\_

feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cat.

If Workover/Re-Entry: old well info as follows:

Drilling Fluid Management Plan ALT 2 J 7-1-94  
(Data must be collected from the Reserve Pit) D&A

Operator: \_\_\_\_\_

Chloride content 4500 ppm Fluid volume 700 bbls

Well Name: \_\_\_\_\_

Dewatering method used Dehydration

Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

- Deepening  Re-perf.  Conv. to Inj/SWD
- Plug Back  PBD
- Commingled  Docket No. \_\_\_\_\_
- Dual Completion  Docket No. \_\_\_\_\_
- Other (SWD or Inj?)  Docket No. \_\_\_\_\_

Operator Name Leede Oil & Gas

Lease Name Williams #1-22 License No. 30994

SW/NW Quarter Sec. 22 Twp. 18 S Rng. 42 E (circle one)

County Greeley Docket No. \_\_\_\_\_

07-02-92 07-10-92 07-11-92(P&A)  
Spud Date Date Reached TD Completion Date

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 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 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.

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 [Handwritten Signature]

Title Secretary/Treasurer Date 8/10/92

Subscribed and sworn to before me this 10<sup>th</sup> day of August, 19 92.

Notary Public: Connie B. Barragano

Date Commission Expires By commission expires 03/31/94  
Edward, CO 80112

**K.C.C. OFFICE USE ONLY**

F  Letter of Confidentiality Attached

C  Wireline Log Received

C  Geologist Report Received

STATE CORPORATION COMMISSION  
RECEIVED  
8-12-92  
DISTRIBUTION  
AUG 12 1992  
KCC \_\_\_\_\_ SWD/Rep \_\_\_\_\_  
KGS \_\_\_\_\_ Plug \_\_\_\_\_ Other \_\_\_\_\_  
CONSERVATION DIVISION  
Wichita, Kansas

SIDE TWO

Operator Name **Leeder Oil & Gas, Inc.** Lease Name **Williams** Well # **1-22**  
 Sec. **22** Twp. **18S** Rge. **42**  East  West  
 County **Greeley**

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<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 type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Lansing	4027	-222
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Atoka	4796	-991
List All E.Logs Run:	<b>KCC</b>	Mississippian	5200	-1395
	<b>COMP DENSITY/NEUTRON</b>	St. Louis	None	--
	<b>ELECTROMAGNETIC PROPAGATION</b>			
	<b>PHASOR INDUCTION - SFL</b>			
	<b>CYBERLOOK</b>			

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	12 1/4"	8-5/8"		320'	60/40	220	3%CC 2%Gel

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input 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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth

<b>TUBING RECORD</b>	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas:	<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACD-18.)	METHOD OF COMPLETION	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval _____
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