STATE CORPORATION COMMISSION OF KANSAS OIL & GAS CONSERVATION DIVISION	API NO. 15 - 109-20;356-00-00
WELL COMPLETION OR RECOMPLETION FORM ACO—1 WELL HISTORY	County Logan
Operator: license # 6177 name Foxfire Exploration, Inc. address 1022 Union Center Bldg. Wichita, Kansas 67202 City/State/Zip D. C. Marchant/ Operator Contact Person Maxine Starrage Care	C NE NE Sec
Phone .1 (316) 265-6296 Contractor: license # 8430 name Foxfire Drilling Co., Inc.	Producing Formation Cherokee Johnson Zone
Wellsite Geologist Peter Fiorini Phone Wakeeney, KS 1-(913) 743- PURCHASER 5337 Designate Type of Completion X New Well Re-Entry Workover X Oil SWD Temp Abd Gas Inj Delayed Comp.	Section Plat 5280 4950 4620 4290 3960 3630 3300 2970 2970
Dry Other (Core, Water Supply etc.) Plugged as non-commercial. If OWWO: old well info as follows: Operator Well Name	2640 2310 1980 1650 1320 990 660 330
Comp. Date	WATER SUPPLY INFORMATION
10-23-84	Source of Water: Division of Water Resources Permit #
4610' 4545' Total Depth PBTD	(Well)Ft. West From Southeast Corner of Sec Twp Rge ☐ East ☐ West
Amount of Surface Pipe Set and Cemented at	☐ Surface Water Ft North From Sourtheast Corner an (Stream, Pond etc.) Ft West From Southeast Corner Sec Twp Rge ☐ East ☐ West
If Yes, Show Depth Set	☐ Other (explain) (purchased from city, R.W.D.#) Disposition of Produced Water: ☐ Disposal ☐ Repressuring Docket #
INSTRUCTIONS: This form shall be completed in duplicate and filled Wichita, Kansas 67202, within 90 days after completion or recompletion of any information on side two of this form will be held confidential for a period of 12 r for confidentiality in excess of 12 months. One copy of all wireline logs and drillers time log shall be attached with this all temporarily abandoned wells.	months if requested in writing and submitted with the form. See rule 82-3-107
All requirements of the statutes, rules, and regulations promulgated to regulat herein are complete and correct to the best of my knowledge.	e the oil and gas industry have been fully complied with and the statements
Signature Date Subscribed and show to Before me this 17th day of January Notary Public Date Commission Expres 10-1-89	K.C.C. OFFICE USE ONLY F

WELL LOG INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem test giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached stat level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attac extra sheet if more space is needed. Attach copy of log. Drill Stem Tests Taken					SIDE TW	, C	. •		\ \	`
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		Rep	CASING R ort all strings set -			used production, etc.		type and	
Purpose of string		size hole size of drilled set (i		weight lbs/ft.	setting depth	type of cement	# sacks used	type and percent additives	
Surface Production		 .8."	8-5/8" 4½"	20# 10.5#	340 4607	60/40 Poz Common	220 sx 200 sx	2% G-3% CC	
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hots per foot	PERFORA specify fo		RECORD each interval perfor	ated	Acid,	Fracture, Shot, (amount and kine			
8			517.		400 Gals 3500 20%		September 1988	4517 4517 Same	
TUBING RECOR	Size Z-	-3/8" oducing r	set at 4530 technology flowing		N.A.			No	
12-5-84	4			g 🔀 pump	ing 🗌 gas lift	Uther (exp	lain)		
timated Production Per 24 Hours	n b	Oil		Gas	Water	Gas-	Oil Ratio	Gravity	
-		20	Bbis	- MCF	15	Bbls	CFPB S	RATO	
sposition of gas:	X vented sold used or	lease		ETHOD OF Copen hole ther (specify) Dually Co Comming	mpleted.		PRODU	nson Zone 5111 to	