MELANIE RAU Notary Public State of Kansas My Appt. Exp. 4-18-33



Form ACO-1 (7-89)

STATE CORPORATION COMMISSION OF KANSAS	API ED. 13- 071-20,492 COM COMP STATE
oil & Cas Conservation Division  Well Convertion Form	County Greeley East
aco-1 yell history Descriptica of yell and lease	SW NE SW Sec. 5 Twp. 16S Rge. 42W West
Operator: License 8 4034	1550 Ft. North from Southeast Corner of Section
Name: Remuda Corporation	3550 Ft. West from Southeast Corner of Section (NOTE: Locate Well in section plat below.)
Address P.O. Box 7127	Lease Neme L. Sloan Well # 1
	Field Name
City/State/Zip Billings, Montana 59103	Producing Formation
Purchaser:	Elevation: Ground KB
Operator Contact Person: Norman T. Brown	Total DepthPBTD
Phone ( <u>303</u> ) 830-0331	5280
Contractor: Name: Murfin Drilling Company	4950 4620 4290
License:	
Wellsite Geologist:	3300
Designate Type of Completion  X New Well Re-Entry Workover	AS GEOLOGICAL 25-10 A 2310 A 2310
X New Helt Re-Entry Son Abd	WICHITA BRANCH 1980 1650 1320 990 990 660 De A
Gas Inj Delayed Comp.  Dry Other (Core, Water Supply, etc.)	1320
X Dry Other (Core, Water Supply, etc.)	660 330
If OMNO: old well info as follows:	
Operator:	\$280 4850 4850 4850 3850 3950 1320 1320 1320 1320 1320 1320 1320 132
Well Name:	Amount of Surface Pipe Set and Cemented at Feet
Comp. DateOld Total Depth	
Drilling Method:	If yes, show depth setFeet
X Mud Rotary Air Rotary Cable	If Alternate II completion, cement circulated from
01-16-90         01-23-90         01-24-90           Spud Date         Date Reached TD         Completion Date	feet depth tow/sx cmt.
writing and submitted with the form. See rule 82-3 wireline logs and drillers time log shall be attached with form with all plugged wells. Submit CP-111 form with conversion of a well requires filing of ACO-2 พารักศ์พราชิติโซ	be held confidential for a period of 12 months if requested in 1-107 for confidentiality in excess of 12 months. One copy of all this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 this form it y abandoned wells. Any recompletion, workover or all the commencement date of such work.
All requirements of the statutes, rules and regulations prom with and the statements herein are complete and correct to	ulgated to pagulate the oil and gas industry have been fully complied the best of my knowledge.
	PAYATION DIVISION
Signature W	Letter of Confidentiality Attached
Title Jack E. Goss, Agent f/Operator Date 02	C Dritters Timetog Received
Subscribed and sworm to before me this 8th day of February 90.	Cuary Distribution SWD/Rep NGPA
Notary Public Welane Par	KGS Plug Other (Specify)
Melanie Rau  Pote Commission Expires  4-18-93	
MELANIE RAU URIGINA	Form ACO-1 (7-89)

CONFIDENTIAL

## SIDE TWO

perator Name Remud	la Corporát	ion	Lease Name	L. Slo	oan	Well#	1
		East	County	Gre	eley		
с. <u>5</u> тыр.16S.	Rge. 42W	West	<b>@</b>				
terval tested, tim	ne tool open a s, bottom hole 1	and base of format nd closed, flowing temperature, fluid r opy of log.	and shut-in pres	sures, whet	her shut-in pre	essure rea	ched static level, Attach extra sheet
ill Stem Tests Tak (Attach Additiona		☐ Yes ☑ No			Formation Desc	ription	
mples Sent to Geol	ogical Survey	x Yes No		į.		Sample	
res Taken	. :	Yes No	Name		Top	· FrBoth	AMCOMPDEN'
ectric Log Run (Submit Copy.)		X Yes No	Stone ( Neva Lansing Marmato	<b>J</b> .	2726' 3357' 4151! 4561'		8
•	•		Cheroke		4716 5000	<b>i</b> .	
			Miss.		5155	<b>1</b> .	
						•	
	Report a	CASING RECOR	Li New Li u		, production, et	c. ·	
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	. 121"	8-5/8"		365	Lite Common	125 75	3%cc 3%cc
					COMMINION		
Shots Per Foot	PERFORATION Specify Footage	N RECORD ge of Each Interval	Perforated		Fracture, Shot, nd Kind of Mater		queeze Record Depth
				-			··
9							
	· · · · · · · · · · · · · · · · · · ·						
UBING RECORD	Size	Set At	Packer At	Liner Run	☐ Yes ☐	No	
Date of First Produ	etion Produci	ng Method Flowing	Pumping G	as Lift $\Box$	Other (Explain)		
Estimated Production Per 24 Hours	n Oil	Bbls. Gas	Mcf Wate	r Bbls.	. Gas-Oil	Ratio *	Gravity
isposition of Gas:	· · · · · · · · · · · · · · · · · · ·		ETHOD OF COMPLET	CON .			Production Interval
Vented Sold			Hole Perfo		Dually Complete	d Comm	ingled
		□ Oth	er (Specify)			-	