

ORIGINAL

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

Operator: License # 05248

Name: OLYMPIC PETROLEUM COMPANY

Address 2121 South Columbia Avenue
Tulsa, Oklahoma 74114

City/State/Zip _____

Purchaser: _____

Operator Contact Person: James E. Silver

Phone (918) 747-8091

Contractor: Name: Plains, Inc.

License: 04072

Wellsite Geologist: none for workover

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD S10W Temp. Abd.
 Gas ENHR SIGW
 Dry Inj Other (Core, WSW, Expl., Cathodic, etc)

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

Operator: OLYMPIC PETROLEUM COMPANY

Well Name: MERRITT ATWELL No. 1

Comp. Date 5-6-76 Old Total Depth 4576

Deepening Re-perf. Conv. to Inj/~~SWD~~
 Plug Back _____ PBDT

Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Inj) _____ Docket No. E 26,374

Sept. 20, 1991 Sept. 26, 1991

Spud Date _____ Date Reached TD _____ Completion Date _____

API NO. 15- 101,20,173 -00-01

County Lane

C NE NW SE Sec. 22 Twp. 17 Rge. 27 X E

2310 Feet from S (circle one) Line of Section

1650 Feet from E (circle one) Line of Section

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

Lease Name MERRITT ATWELL Well # 1

Field Name East White Rock

Producing Formation was Lansing-KC

Elevation: Ground 2592 KB _____

Total Depth 4576 PBTD 4238

Amount of Surface Pipe Set and Cemented at 329 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 1970 Feet

If Alternate II completion, cement circulated from 1970

feet depth to surface w/ 550 sx cnt.

Drilling Fluid Management Plan Not Applicable
(Data must be collected from the Reserve Pit) not verified

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

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.

OLYMPIC PETROLEUM COMPANY

Signature: James E. Silver

Title: Managing Partner Date: Oct. 3, 1991

Subscribed and sworn to before me this 3rd day of October, 1991

Notary Public: Loetta M. Sanders

Date Commission Expires: August 28, 1994

K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Geologist Report Received
RECEIVED STATE CORPORATION COMMISSION
Distribution: 10/7/91 SWD/Rep _____ NGPA _____
_____ KGS _____ Plug _____ Other _____ (Specify)
OCT 07 1991

Operator Name OLYMPIC PETROLEUM COMPANY Lease Name MERRITT ATWELL Well # I

Sec. 22 Twp. 17S Rge. 27 East West County LANE

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 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 type="checkbox"/> No			
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E.Logs Run:				

CASING RECORD <input checked="" 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		8 5/8"		329	Reg	250	
Production		4 1/2"	10.5	4268	Poz	125	10% salt
D-V Tool				1970	Poz	550	6% 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

TUBING RECORD	Size <u>2 3/8" SealTite lined</u>	Set At <u>4047</u>	Packer At <u>4047</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or (Inj.)	<u>9-26-91</u>	Producing Method <u>NA</u>	<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: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) Repressuring-water injection

Production Interval _____