## SIDE ONE

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

ACO-1 WELL HISTORY	countyMOTEGORIETY
DESCRIPTION OF WELL AND LEASE	$\frac{NE_4^1}{4} \frac{SE_4^1}{SE_4} \frac{NW_4^1}{8} \frac{Sec.02}{1} \frac{Twp.33S}{1} \frac{Rge.15}{1} \frac{X}{1} \frac{East}{1}$
Operator: License # 30451	Ft. North from Southeast Corner of Section
Name: KanMap, Inc.	Ft. West from Southeast Corner of Section (MOTE: Locate well in section plat below
Address 2101 W. Maple	
	Lease Name Clarkson Well # G-6
city/state/Zip Independence, KS 67301	Field Name _ Jefferson - Sycamore
Purchaser:	Producing Formation Bartlesville Ss
Operator Contact Person:	Elevation: Ground 765' KB
Phone ()	Total Depth
Contractor: Name: T.L. Carroll Drilling	5280
License: 5805	
Wellsite Geologist:  Designate Type of Completion	3960 3630
Designate Type of Completion	1 8 16 91
X New Well Re-Entry Horkover	2310
Oil SWD Temp. Abd.  X Gas Inj Delayed Comp.  Dry Other (Core, Water Supply, etc.)	1650
Dry Offier (Core, Water Supply, etc.)	990
If OWNO: old well info as follows:	330 7-19-9/
Operator:	5280 4626 4626 4236 3396 3396 2310 1980 1320 990 660 330
Well Name:	Amount of Surface Pipe Set and Cemented atFeet
Comp. DateOld Total Depth Drilling Method:	Multiple Stage Cementing Collar Used? Yes X No
Mud Rotary X Air Rotary Cable	If yes, show depth set Feet
12-06-82 12-08-82 May 1983 Spud Date Reached το Completion Date	If Alternate II completion, cement circulated from1047
	feet depth to surface w/ 116 sx cmt.
INSTRUCTIONS: This form shall be completed in triplicate an Derby Building, Wichita, Kansas 67202, within 120 days 82-3-106 apply. Information on side two of this formation	d filed with the Kansas Corporation Commission, 200 Colorado
Writing and submitted with the form	e held confidential for a period of 12 months if requested in
whreline logs and drillers time log shall be attached with the	his form. All cementing tregges of 12 months. One copy of all
conversion of a well requires filing of ACO-2 within 120 days	temporarily abandoned wells. Any recompletion, workover or from commencement date of such work
All requirements of the statutes rules and regulations and	
with and the statements herein are complete and correct to the	e best of my knowledge.
Signature force Caus	K.C.C. OFFICE USE ONLY
Title the I simulant Date 7/	F letter of Confidentialism and I
Subscribed and sworn to before me this 5th day of	C Drillers Timelog Received
TEDECA	ARSH KCC SUD/Rep NCDA
NOTARY PUB	LIC KGS Plug Other
Date Commission Expires 0-19-94 STATE OF KAN	(Specify)

Form ACO-1 (7-89)

SIDE TUO

Operator Name Ka	anMap, In	c.	Lease Name _	Clarks	on	Merr * G	5-6
		East	County Mc	ontgömer	У		
aec. <u>02</u> т <b>кр.</b> <u>33S</u> (	Rge. 15	] <sub>West</sub>					
ANTRUCTICAS: Show in interval tested, time nydrostavic pressures, if more space is neede	bottom hole to	d closed, flowing and emperature, fluid reco					
Deili Stem Tests Taker (Attach Additional		Yes X No			formation Descr	iption	
Samples Sent to Geolog		☐ Yes ☒ No		Σ	Log 🗆	Sample	
Cores Taken		Yes 🗵 No	Name		Top	Botto	
Electric Log Run (Submit Copy.)	*.	I Yes □ No	Pawnee Oswego Weir Co Bartles	Ls al	578 670 912 960	598 735 918 1050	3
:	Report a	CASING RECORD	New 🛭 Us	sed ntermediate,	production, etc	: <b>.</b>	
Surpose 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	9 3/8	7"	18	52'	Portland	10	10 11 200
Casing	5 3/8	2 7/8"	6.5	1047'	Portland	116	1% Flo Sea 4% Salt
. I							
hate Per Foot	PERFORATIO Specify Foota	N RECORD ge of Each Interval F	erforated	Acid, (Amount an	Fracture, Shot, d Kind of Mater	Cement Sq ial Used)	weeze Record Depth
3	1030 -			15%	HCL		1030
CONTRACTOR DECORD	size NONE	Set At	Packer At	Liner Run	☐ <sub>Yes</sub> 区	No	
Onie of First Produ	ction Produc	ing Method Flowing	⊠ <sub>Pumping</sub> □	Gas Lift 🗆	Other (Explain	) 	
Part 24 Hours	on Oil	Bbls. Gas	Mcf Wat	er Bbls 10	. Gas-Oi	l Ratio	Gravity
the position of Gas:		ĸ	ETHOD OF COMPLET	ION			Production Interva
Vengad B sol			Hole Perf	oration 🗌	Dually Complet	ed Com	mingled
(if vented, so	ubmit ACO-18.)	Othe	er (Specify)		<u> </u>		
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CEMENTING SERVICE DATA  TYPE OF JOHN CASING HOSE STORY FROM HARDY STORY CHARLES TO AND THE STORY	CONSOLIDAT		OH WI	_	ERVIC			P.O. Box 88 nanute, Kansas Phone (316) 43	66720	4	0025
TYPE OF 15th CASHING IN THE CONTROL TO COMMENT IN THE CONTROL TO COMMENT IN THE CONTROL TO COMMENT IN THE CONTROL	Custome	er's Acct. N							,		
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THE PROPERTY OF THE PROPERTY O	Vindgole a.	1 (1	5		Co	ontractor				State	
CEMENTING SERVICE DATA  TYPE OF JOD  CASING  C	The Carrell	1/1	41 2/	odlar	die	1			66	700	
TYPE OF ADD	ty & State		<i>.</i>	. ,	w	/ell Owne	r Operator Contract	or			
TYPE OF ADD	hedependence	-1C/	06/2								
Tree of John	/ /	•		CE	MENTING	G SE	HVICE DA			OCHEN	T L FET IN CASING
Top   Decision   Pressure from   Pressure fr	TYPE OF JOB	c	ASING	T		$\overline{}$	3S AND HEAD	<del>                                     </del>	·		T CETT IN CASING
Depti	irtace	New			5 2		_/_				
Depth   Person   Pe	oduction	Used		Total							
FRACTURING - ACIDIZING SERVICE DATA  Administration of the control	lne679	Size	27	Depth	He	ead		ļ	150	Measured	
FRACTURING - ACIDIZING SERVICE DATA  PROTORING - ACIDIZING SERVICE DATA  Attrocreds of policy policy plant of the rectuming Fland Business proton policy policy policy policy plant of the rectuming Fland Business policy policy plant of the rectuming Fland Business policy policy policy policy policy plant of the rectuming Fland Business policy policy plant of the rectuming Fland Business policy plant plant business plant	numbing	Weight				FLOA	L EONIBWENT	<u></u>	1/2/4	Jacks	<i>N</i>
FRACTURING - ACIDIZING SERVICE DATA	her	Dooth	1042)	0-1201					_ Pin lle	p fryth	1200 1 11
Action   Pressure   Action   Pressure   Pr		Type							12/1	6 - 8 len	7010 4211
Premium Gel   Ge		-	FR/	CTUR	ING - AC	CIDIZ	ING SER	/ICE DAT	Ά΄		
Description	al lab	· · ·		· · · · · · · · · · · · · · · · · · ·		At Interva	its of		·		
Noting   Pressures Maximum   Pro   May   Pump Rate   CPMEPM   Close in			Breakdown P	ressure from			psito		psi		
Top   Company		<del></del>	<del></del>			psi	Avg. Pump Ra	le	GPM/BPM	A Close Ir	n
No Perforations   Pay Formation Name   No Perforation							Туре		Open Hol	e Diameter	
PayFermanun Name   Coeph of Jub						Annulus		Size		Weight	
INVOICE SECTION   FRACTURING - ACIDIZII   CEMENTING			Casing	<u>'</u>		. · · · · · · · · · · · · · · · · · · ·					
INVOICE SECTION   FRACTURING - ACIDIZIII				Pay Fo	rmation Name				Depth of Job		
Pumping Charge	No Perforations				THE TOTAL						
Sumping Charge											
Sumping Charge	CEMENTING				INVOIC	CE S	SECTIO	<b>N</b> .		FRACTU	RING - ACIDIZII
					INVOIC	CE S					\$
For Mileage on Bulk Cement	oumping Charge		@ <i>5'4</i> 0/	Office	\$		Pumping Cha	rge	@	Office	\$
Premium Gel	Pumping Charge	ent		Office Use	\$ \$ <u>322.0</u>	50	Pumping Cha Pumping Cha	rge rge		Office	\$
Flo-Seal	Pumping Charge Pumping Charge  // / Sacks Bulk Ceme		@ 5-	Office Use	\$ \$ 392.0 .580.0	50	Pumping Cha Pumping Cha 12x	rge 30 Sand	@	Office	\$
Calcium Chloride	Pumping Charge  // / Sacks Bulk Ceme  fon Mileage on Bulk Ceme		@ 5-	Office Use 1101 6401	\$ \$ 392.0 580.0	50 00 5	Pumping Cha Pumping Cha 12x	rge rge 30 Sand 20 Sand	@ @	Office	\$
1-2   Plug	Pumping Charge Pumping Charge  Pumping Charge  Sacks Bulk Ceme  Ton Mileage on Bulk Ceme  Premium Gel		@ 5- @ @ 699	Office Use //0/ 640/ /30/	\$ \$392.0 580.0 57.6 13.80	50 50 5	Pumping Cha Pumping Cha 12x 10x	rge rge 30 Sand 20 Sand	@ @ @	Office	\$
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balance over 30 days. Centage rate of 21%) will ce	Pumping Charge Pumping Charge  // Sacks Bulk Ceme On Mileage on Bulk Ceme Q Premium Gel Flo-Seal Calcium Chloride  /- 2 ? Plug  Equipment  SCO SCO PAR  Granulated Salt  Transport Truck ( Vac Truck ( Q Hrs.) Fuel Surcharge  A Finance Charge compuganoual percentage rate of	Hrs.)	@ 5 - @ 699 @ @ @ . / 2 @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @	Office Use 1/0/ 640/ 130/ 1302 1/403	\$ 392.0 580.0 57.6 13.80 30.00 10.00	50 5 1	Pumping Cha Pumping Cha 12x 10x Ton Mileage Ga Ci P R V Transport Tr Vac Truck ( Fuel Surchar 1%% p	otassium Chloock Salt Vater Gel uck ( Hrs.)	@   @   @   @   @   @     @	JUL	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$