Form ACO-1 September 1999 Form Must Be Typed

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

0RIGINAI Operator: License # __5552 API No. 15 -Gore Uil Company County: Logan P.O. Box 2757 NE -NW -SE - Sec. 26 Two. 11 S. R. 33 Fast X West Address: ____ City/State/Zip: Wichita, KS 67201-2757 2310 _____ feet from (S)/ N (circle one) Line of Section 1650 teet from (E) W (circle one) Line of Section Purchaser: Operator Contact Person: David R. Gordon Footages Calculated from Nearest Outside Section Corner: Phone: (316) 263-3535 (circle one) NE Bertrand UWWU 65 - 26Contractor: Name: ___ Lease Name: _ Cook South License: Field Name: __ Producing Formation: n/a Wellsite Geologist: ____ Elevation: Ground: 30921 Designate Type of Completion: Total Depth: 4700 Plug Back Total Depth: ____ Re-Entry X Workover Amount of Surface Pipe Set and Cemented at ___345 SWD _____SIOW Feet __ Gas _X_ ENHR _ SIGW Multiple Stage Cementing Collar Used? ∏ Yes ∏No _____ Other (Core, WSW, Expl., Cathodic, etc.) 2600 tyes, show depth set ____ If Workover/Re-entry: Old Well Info as follows Apollo Eng Alternate II completion, cement circulated from 2000 White & Ellis Drilling, Seet depth to <u>Surface</u> Bertrand UWWU #65-26 Well Name: ____ Original Comp. Date: 11-2-88 Original Total Depth: 4700 Drilling Fluid Management Plan Workow (SH 8.15.02 (Data must be collected from the Reserve Pit) ____Re-perf. _ Deepening _Conv. to Enhr./SWD Chloride content ____ ____ ppm Fluid volume_____ bbls __ Plug Back_ Plug Back Total Depth Dewatering method used___ __ Commingled Docket No .__ Location of fluid disposal if hauled offsite: __ Dual Completion Docket No.___ Docket No. E-27,846 Operator Name: _____ X Other (SWD or Enhr.?) _____ License No.:___ Lease Name: _____ 3-30-01 Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date _____ Docket No.:____ INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, 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 of 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. KCC Office Use ONLY 4/2/01 Title: Vice President/Operations Date. NO Letter of Confidentiality Attached April If Denied, Yes Date:__ Subscribed and sworn to before me this 2nd day of Wireline Log Received 19<u>2001</u>. MO Geologist Report Received **UIC Distribution** Revecca K. Crawfo REBECCA K. CRAWFORD Date Commission Expires: _ State of Kansas My Appt. Exp. 113-03

Operator Name: GO Sec. 26 Twp. 1					<u>Bertrand U</u> ogan	WWO	_ Well #:65	5-26	
INSTRUCTIONS: Sh tested, time tool open temperature, fluid rec Electric Wireline Logs	now important tops a and closed, flowing overy, and flow rate	and base of formation and shut-in pressure in gas to surface to	ons penetrate ures, whether est, along wit	ed. Detail al	l cores. Report	static level, hydri	ostatic pressure	es, bottom ho	ole
Drill Stem Tests Taken Yes (Attach Additional Sheets)			□No		og Formatio	n (Top), Depth a	and Datum	Sample	
Samples Sent to Geo Cores Taken Electric Log Run (Submit Copy)	Yes N	Yes No		Name		Тор		m	
List All E. Logs Run:									
			SING RECORI		w Used	on, etc.	-		
Purpose of String Size Hole Drilled		Size Casing Set (In O.D.)		Veight bs. / Ft.	Setting Depth	Type of Cement	# Sacjs Used	Type and P Additiv	
Surface		8 5/8"			345'		250		
Production		4 1/2"			4400'		130		
Duolined Tbg.		2 3/8"			4150'				
	1 1	ADDITIO	NAL CEMEN	ITING / SQU	EEZE RECORD				
Purpose: —— Perforate —— Protect Casing —— Plug Back TD —— Plug Off Zone	Depth Top Bottom	Type of Cement	#Sac	cks Used		Type and F	Percent Additives		
Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth				
2 SPF 4192'-4196!; 4244'-4246'; 4269'-4272'									zepui
TUBING RECORD	Size	Set At	Packe	- 01	Lines Dura				
2 3/8" Duolined 4150' 4150					Liner Run	Yes No			
Date of First, Resumerd F	Production, SWD or En	hr. Producing	Method	Flowing	Pumping	Gas Lif	l Dibe	r (Explain)	
Estimated Production Per 24 Hours	Oil B	bis. Gas	Mcf	Water			as-Oil Ratio		avity
Disposition of Gas	METHOD OF CO	Production Interval							
Vented Sold	Used on Lease	Open H		erf. 🔲 Do	ially Comp.	Commingled _	······································		

NEWORIGINAL CASING MECHANICAL INTEGRITY TEST DOCKET # NE NW SE, Sec 26, T /1 S, R 33 18(W) | Enhanced Recovery: Disposal [Repressuring X 23/0 Feet from South Section Line FloodFeet from East Section Line Tertiary Date injection started Lease BERTRAND Well # 65-26 API #15 - 109 - 20 352 -A County LOGAN Operator: GORE DIL. CO. Operator License # 5552 KCC Name & Contact Person Dam Hondon APR 0 2 2001 Address Po Box 27578 WICHITA, KANSAS 67201-2757 Phone Max. Auth. Injection Press. psi; Max. Inj. Rate bbl/d;
If Dual Completion - Injection above production Injection below production Conductor Surface Production Liner Tubing Size 41/2 Size 23/8. Set at 4400 Set at 4,56 Cement Top 2505x.4x 13050 Bottom 345 7400

DV/Perf. Portcular 6 2600 4/500 sx cuc ID (and plug back) 4700 4400

DV/Perf. Portcular 6 2600 4/500 sx cuc ID (and plug back) 500 4400 Type DuoLINED 4400 ft. depth Zone of injection LICC ft. to ft. 4040-4354 Perf. or open hole 4192-96 4244-45 Type Mit: Pressure | K | Radioactive Tracer Survey | Temperature Survey Time: Start o _ Min. 15 Min. 30 Min. E Pressures: 300 300 Set up 1 System Pres. during test ______ 300 Set up 2 Annular Pres. during test 300 D Set up 3 Fluid loss during test 6 bbls. Tested: Casing or Casing - Tubing Annulus | 📉 The bottom of the tested zone is shut in with PAEKER Test Date 03-29-01 Using Company Tools Company's Equipment The operator hereby certifies that the zone between ____ feet and _ 4156 __feet Signature State CORPORATION COMMISSION. was the zone tested The results were Satisfactory XX Marginal Not Satisfactory State Agent Carl Acodion Title PIRTIL Witness: Yes CONSERVATION DIVIS JIN Witness: Yes CONSERVATION DIVIS JIN REMARKS: FL 4000' Orgin. Conservation Div.; KDHE/T; Dist. Office; Computer Update

KCC Form U-7 6/84

DLD WELL BEING CONVERTED