

ORIGINAL

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

Operator: License # 3869Name: Imperial Oil Properties Inc.Address 212 North Market - Suite 513City/State/Zip Wichita, Kansas 67202Purchaser: N/AOperator Contact Person: Robert L. Williams Jr.Phone (316) 265-6977Contractor: Name: Duke Drilling Co., Inc.License: 5929Wellsite Geologist: Jon T. Williams

Designate Type of Completion

☐ New Well ☐ Re-Entry ☐ Workover☐ Oil ☐ SWD ☐ SIOW ☐ Temp. Abd.☐ Gas ☐ ENHR ☐ SIGW☒ Dry ☐ Other (Core, WSV, Expl., Cathodic, etc)

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

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

☐ Deepening ☐ Re-perf. ☐ Conv. to Inj/SWD☐ Plug Back ☐ PBDT☐ Commingled ☐ Docket No. _____☐ Dual Completion ☐ Docket No. _____☐ Other (SWD or Inj?) ☐ Docket No. _____

10-12-96

10-22-96

10-23-96

Spud Date

Date Reached TD

Completion Date

API NO. 15- 165-21704 0000County Rush County, KansasC. W/2 NW. SW Sec. 6 Twp. 18S Rgo. 18 XX V

1980

Feet from WN (circle one) Line of Section

330

Feet from E (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)Lease Name Reifschneider Well # 1Field Name WildcatProducing Formation NoneElevation: Ground 2103' KB 2112'Total Depth 4000' PBDT 3985'Amount of Surface Pipe Set and Cemented at 1297 FeetMultiple Stage Cementing Collar Used? ☐ Yes ☐ No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ v/ _____ sx cm.

Drilling Fluid Management Plan DAA 9K 6-26-97
(Data must be collected from the Reserve Pit)Chloride content 5,000 ppm Fluid volume 60 bblsDewatering method used Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. 12-9-96

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.

Signature _____

Title Geologist-AgentDate 11/7/96Subscribed and sworn to before me this 7 day of November 19 96.Notary Public Patricia S. Arms-Rong

Date Commission Expires _____

PATRICIA S. ARMS-RONG

NOTARY PUBLIC

STATE OF KANSAS

MY APPT. EXPIRES 1-9-2000

K.C.C. OFFICE USE ONLY
F ☒ Letter of Confidentiality Attached
C ☒ Wireline Log Received
C ☐ Geologist Report Received

Distribution
☒ KCC ☐ SWD/Rep ☐ NGPA
☐ KGS ☐ Plug ☐ Other
(Specify)

Operator Name Imperial Oil Properties Inc.Lease Name ReifschneiderWell # 1Sec. 6 Twp. 18S Rge. 18☐ EastCounty Rush County, Kansas☒ West

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.)☒ Yes ☐ No

Samples Sent to Geological Survey

☒ Yes ☐ No

Cores Taken

☐ Yes ☒ NoElectric Log Run
(Submit Copy.)☒ Yes ☐ No

List All E.Logs Run:

Compensated Density Neutron
Dual Induction☒ Log Formation (Top), Depth and Datum ☐ Sample

Name	Top	Datum
Heebner	3459	-1349
Toronto	3478	-1368
Lansing	3509	-1399
Base K.C.	3782	-1672
Arbuckle	3912	-1802

CASING RECORD

☐ New ☒ 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	12-1/4"	8-5/8"	23#	1297'	HalcoLite Common	350 125	2% CaCl ₂

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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj.	Producing Method
<u>D&A</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 <u>N/A</u> Bbls.	Gas <u>N/A</u> Mcf	Water <u>N/A</u> Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas:

METHOD OF COMPLETION

Production Interval

☐ Vented ☐ Sold ☐ Used on Lease
(If vented, submit ACO-18.)

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled
☐ Other (Specify) _____



HALLIBURTON ENERGY SERVICES

HAL-1906-P

CHARGE TO:

IMPERIAL OIL PROPERTIES INC.

ADDRESS

212 N. MARKET SUITE 513

CITY, STATE, ZIP CODE

WICHITA, KS 67202

CUSTOMER COPY

TICKET

No.

103982 - X

PAGE 1 OF 2

1 2

SERVICE LOCATIONS

1. HAYS, KS

WELL/PROJECT NO

1

LEASE

RETSCHNEIDER

COUNTY/PARISH

RUSH

STATE

KS

CITY/OFFSHORE LOCATION

DATE

10-23-96

OWNER

SAME

TICKET TYPE

☒ SERVICE

NITROGEN JOB? ☐ YES ☒ NO

CONTRACTOR

DUKE DRILLING

RIG NAME/NO.

SHIPPED VIA

53293

DELIVERED TO

LOCATION

ORDER NO

WELL TYPE

01

WELL CATEGORY

06

JOB PURPOSE

115

WELL PERMIT NO

15165217040000

WELL LOCATION

6 - 18s - 18w

REFERRAL LOCATION

INVOICE INSTRUCTIONS

120

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF											
000-117		1			MILEAGE			60	ME	1		1/45		2.99	179.40
090-910		1			PUMP SERVICE			2	HEX					650.00	650.00
030-503		1			WOOD PLUG - UH			1	EA	8 5/8"				95.00	95.00
090-928		1			ADDITIONAL HOURS			2	HEX					175.00	350.00
090-928		1			ADDITIONAL HOURS			2	HEX					175.00	N/A

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X Rich Wheeler

DATE SIGNED

10-23-96

TIME SIGNED

0130

☒ A.M.

☒ P.M.

☐ do ☐ do not require IPC (Instrument Protection). ☐ Not offered

SUB SURFACE SAFETY VALVE WAS:

☐ PULLED & RETURN ☐ PULLED ☐ RUN

TYPE LOCK

DEPTH

BEAN SIZE

SPACERS

TYPE OF EQUALIZING SUB.

CASING PRESSURE

TUBING SIZE

TUBING PRESSURE

WELL DEPTH

TREE CONNECTION

TYPE VALVE

SURVEY

AGREE

UN-DECIDED

DIS-AGREE

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?

WE UNDERSTOOD AND MET YOUR NEEDS?

OUR SERVICE WAS PERFORMED WITHOUT DELAY?

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?

ARE YOU SATISFIED WITH OUR SERVICE?

☐ YES ☐ NO

☒ CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL

FROM CONTINUATION PAGE(S)

SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE

924

1277.40

1967.02

0000.00

2891.42

3211.42

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES

The customer hereby acknowledges receipt of the materials and services listed on this ticket.

CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT)

RICH WHEELER

CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE)

X Rich Wheeler

HALLIBURTON OPERATOR/ENGINEER

WAYNE WILSON

EMP #

89317

HALLIBURTON APPROVAL

2

6,38897.2

15-165-21704-0000