



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1219485
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013
Form must be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 4699
Name: Phillips Oil Properties Inc.
Address 1: 1822 S MEAD
Address 2: _____
City: WICHITA State: KS Zip: 67211 + 4314
Contact Person: Troy A. Phillips
Phone: (316) 265-4186
CONTRACTOR: License # 31539
Name: Sams Well Service, Inc.
Wellsite Geologist: Troy A. Phillips
Purchaser: _____

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:
Operator: Cascade Oil

Well Name: C.E. Houser 2

Original Comp. Date: 11/07/1980 Original Total Depth: 3154

Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Plug Back Conv. to GSW Conv. to Producer
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: D-31892
 ENHR Permit #: _____
 GSW Permit #: _____

04/30/2014 05/09/2014
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-015-21447-00-01

Spot Description: _____
NE_NW_SE_NE Sec. 7 Twp. 26 S. R. 7 East West
1330 Feet from North / South Line of Section
830 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: Butler

Lease Name: Houser Well #: 2

Field Name: Pontiac

Producing Formation: Arbuckle

Elevation: Ground: 1434 Kelly Bushing: 1439

Total Vertical Depth: 3154 Plug Back Total Depth: 3154

Amount of Surface Pipe Set and Cemented at: 250 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____
feet depth to: _____ w/ 610 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY

Confidentiality Requested
Date: 08/27/2014
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 08/28/2014