

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

API NO. 15- 151-216930001

County Pratt

NW-SE-SE- Sec. 32 Twp. 26S Rge. 12 X U

Operator: License # 9232

990 Feet from S/N (circle one) Line of Section

Name: Timberline Oil & Gas Corporation 990 Feet from E/W (circle one) Line of Section

Address 4447 S. Canyon Rd., Ste. 1  
Rapid City, SD 57702

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

City/State/Zip Rapid City, SD 57702

Lease Name Miskimen Well # 12

Purchaser: Texaco Trading & Transportation

Field Name Iuka Carmi

Operator Contact Person: Brant C. Grote Inc.

Producing Formation LKC Swope

Phone (605) 341-3400

Elevation: Ground 1878 KB 1888

Contractor: Name: Basye Well Service

Total Depth 4390' PBDT 4255'

License: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at \_\_\_\_\_ Feet

Wellsite Geologist: \_\_\_\_\_

Multiple Stage Cementing Collar Used? \_\_\_\_\_ Yes \_\_\_\_\_ No

Designate Type of Completion  
\_\_\_\_\_ New Well \_\_\_\_\_ Re-Entry X Workover

If yes, show depth set \_\_\_\_\_ Feet

X Oil \_\_\_\_\_ SWD \_\_\_\_\_ SLOW \_\_\_\_\_ Temp. Abd.  
\_\_\_\_\_ Gas \_\_\_\_\_ ENHR \_\_\_\_\_ SIGW  
\_\_\_\_\_ Dry \_\_\_\_\_ Other (Core, WSW, Expl., Cathodic, etc)

If Alternate II completion, cement circulated from \_\_\_\_\_

feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ ex cnt.

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

Drilling Fluid Management Plan REWORK 8/24 2-9-95  
(Data must be collected from the Reserve Pit)

Operator: Timberline Oil & Gas Corporation

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbl's

Well Name: Miskimen 12

Dewatering method used \_\_\_\_\_

Comp. Date 9/20/85 Old Total Depth 4390'

Location of fluid disposal if hauled offsite: \_\_\_\_\_

\_\_\_\_\_ Deepening X Re-perf. \_\_\_\_\_ Conv. to Inj/SWD  
X Plug Back 4255' PBDT  
\_\_\_\_\_ Commingled \_\_\_\_\_ Docket No. \_\_\_\_\_  
\_\_\_\_\_ Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_  
\_\_\_\_\_ Other (SWD or Inj?) Docket No. \_\_\_\_\_

Operator Name \_\_\_\_\_

Lease Name \_\_\_\_\_ License No. \_\_\_\_\_

8/1/94 8/22/94

\_\_\_\_\_ Quarter Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Rng. \_\_\_\_\_ E/W

~~Start~~ Date OF START Date Reached TO \_\_\_\_\_ Completion Date OF  
OF WORKOVER OF WORKOVER

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 [Signature]

Title President Date 8-29-94

Subscribed and sworn to before me this 29<sup>th</sup> day of August 19 94.

Notary Public Tuesday K. Steiger  
Tuesday K. STEIGER

Date Commission Expires 3/30/96

STATE CORPORATION COMMISSION RECEIVED  
K.C.C. OFFICE USE ONLY  
F \_\_\_\_\_ Letter of Confidentiality Attached  
C \_\_\_\_\_ Wireline Log Received  
C \_\_\_\_\_ Geologist Report Received  
SEP 06 1994  
DISTRIBUTION DIVISION  
KANSAS CORPORATION COMMISSION  
KCC \_\_\_\_\_ SWD/RPTA \_\_\_\_\_  
KGS \_\_\_\_\_ Plug \_\_\_\_\_  
(Specify)

Operator Name Timberline Oil & Gas Corporation Lease Name Miskimen Well # 12  
 East County Pratt  
 West  
 Sec. 32 Twp. 26S Rge. 12

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 checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	LKC Swope	
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" 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	12 1/4"	8 5/8"	24#	346'	Premium Plus	225	
Production	7 7/8"	5 1/2"	14#	4389'	Premium	250	

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
4	3942-52'	1000g 15% HCL, NE & surfactant	
	CIBP @ 4255'		

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		2 7/8"	4090±					
Date of First, Resumed Production, SWD or Inj.			Producing Method <input type="checkbox"/> Flowing <input checked="" 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
	3		1		0		333	35°

Disposition of Gas:	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	<u>3942-52</u>