

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

Operator: License # 32119  
Name: Northern Natural Gas  
Address Route 1, Box 17  
  
City/State/Zip Hugoton, KS 67951  
Purchaser:   
Operator Contact Person: Mike Livesay  
Phone ( 316 ) 544-5013  
Contractor: Name: McLean, H.L. Drilling  
License: 09322  
Wellsite Geologist:   
Designate Type of Completion  
☒ New Well ☐ Re-Entry ☐ Workover  
☐ Oil ☐ S/D ☐ S/O ☐ Temp. Abd.  
☐ Gas ☐ ENHR ☐ S/G ☐  
☐ Dry ☒ Other (Core, WSW, Expl. Cathodic, etc)  
If Workover:  
Operator:   
Well Name:   
Comp. Date  Old Total Depth   
☐ Deepening ☐ Re-perf. ☐ Conv. to Inj/S/D  
☐ Plug Back ☐ PBDT  
☐ Coning/Led ☐ Docket No.   
☐ Dual Completion ☐ Docket No.   
☐ Other (S/D or Inj?) ☐ Docket No.   
4-26-00 8-15-00  
Spud Date Date Reached TD Completion Date

API NO. 15- 129-21608-0000 ORIGINAL  
County Morton  
-W/2-SW<sup>1</sup>/<sub>4</sub> - SW<sup>1</sup>/<sub>4</sub> Sec. 25 Twp. 34S Rge. 40W XX/V  
640' Feet from S/W (circle one) Line of Section  
420' Feet from E/W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
NE, SE, NW or (SW) (circle one)  
Lease Name Rectifier Well # #3  
Field Name Rectifier  
Producing Formation NONE  
Elevation: Ground  KB   
Total Depth 360' PBDT   
Amount of Surface Pipe Set and Cemented at 160' 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/  ex cmt.  
Drilling Fluid Management Plan ALT 3 10/17/00  
(Data must be collected from the Reserve Pit)  
Chloride content  ppm Fluid volume  bbls  
Dewatering method used   
Location of fluid disposal if hauled offsite:  
Fluid Disposal in Station Yard/Northern Natural Gas  
Operator Name Northern Natural Gas  
Lease Name Rectifier License No. 32119  
SW<sup>1</sup>/<sub>4</sub> Quarter Sec. 3 Twp. 34S S Rng. 40W E/W  
County Morton 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 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 Driller Date May 30, 2001  
Subscribed and sworn to before me this 30th day of May, 2001  
Notary Public [Signature]  
Date Commission Expires May 30, 2001

| K.C.C. OFFICE USE ONLY       |                                    |                                          |
|------------------------------|------------------------------------|------------------------------------------|
| F                            | Letter of Confidentiality Attached |                                          |
| C                            | Wireline Log Received              |                                          |
| C                            | Geologist Report Received          |                                          |
| Distribution                 |                                    |                                          |
| <input type="checkbox"/> KCC | <input type="checkbox"/> S/D/Rep   | <input type="checkbox"/> NGPA            |
| <input type="checkbox"/> KGS | <input type="checkbox"/> Plug      | <input type="checkbox"/> Other (Specify) |

Form ACD-1 (7-91)

Operator Name Northern Natural Gas Lease Name Rectifier Well # #3  
 Sec. 25 Twp. 34S Rge. 40W ☐ East ☒ West County Morton

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 ☐ Yes ☒ No  
 (Attach Additional Sheets.)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

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

List All E.Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample  
 Name Top Datum

| CASING RECORD <input 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 |
|                                                                           | 17 1/2"           | 10"                       |                 | 160'          | Neat           | 146          | Portland w/ water          |
|                                                                           |                   |                           |                 |               |                |              |                            |
|                                                                           |                   |                           |                 |               |                |              |                            |

| 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<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br>(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, SMD or Inj. | Producing Method <input type="checkbox"/> Flowing <input 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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
|                                   |           |         |             |               |         |

Disposition of Gas: **METHOD OF COMPLETION** **Production Interval**  
☐ Vented ☐ Sold ☐ Used on Lease ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled  
 (If vented, submit ACO-18.) ☐ Other (Specify) \_\_\_\_\_

# ORIGINAL

## DEEPWELL GROUNDBED DATA

Job No. Section 25, 34T, 40W Facility/Line:  
 Client: Northern Natural Gas Drilling Contractor: McLean's C P Installation, Inc.  
 Subject: Deep Well  
 Depth: 360' Dia.: 9 7/8" Casing: 160 State: Kansas County: Morton  
 Type of Backfill: Loresco SC2 Coke Breeze  
 Anode Description: (1) set of (15) 4"X80" graphite anodes

### Remarks:

|           |                 | Electrical Log |       | Anode Log |       |      |
|-----------|-----------------|----------------|-------|-----------|-------|------|
| Depth:    |                 | Volt           | Depth | Anode #   | Depth | Volt |
| 0'-10'    | Top Soil        | 1.6            | 170'  |           |       |      |
| 10'-20'   | Sand            | 1.7            | 180'  |           |       |      |
| 20'-65'   | Sandy Clay      | 1.7            | 190'  |           |       |      |
| 65'-155'  | Hard Sandy Clay | 1.6            | 200'  |           |       |      |
| 155'-360' | Tan Sandy Clay  | 1.6            | 210'  |           |       |      |
|           |                 | 1.4            | 220'  |           |       |      |
|           |                 | 1.6            | 230'  |           |       |      |
|           |                 | 1.6            | 240'  |           |       |      |
|           |                 | 1.8            | 250'  |           |       |      |
|           |                 | 1.2            | 260'  |           |       |      |
|           |                 | 1.2            | 270'  |           |       |      |
|           |                 | 2.1            | 280'  |           |       |      |
|           |                 | 1.8            | 290'  |           |       |      |
|           |                 | 1.4            | 300'  |           |       |      |
|           |                 | 1.3            | 310'  |           |       |      |
|           |                 | 1.8            | 320'  |           |       |      |
|           |                 | 2.1            | 330'  |           |       |      |
|           |                 | 1.8            | 340'  |           |       |      |

CONSERVATION DIVISION

AUG 28 2000

RECEIVED  
STATE CORPORATION COMMISSION

ORIGINAL



40153

Rt. 3 / 303 South Rd. 1  
Ulysses, Kansas 67880  
(316) 356-2110

Box 142  
Colby, Kansas 67701  
(913) 462-7432

CUSTOMER'S  
ORDER NO.

DATE

*Aug 12 2000*

SOLD TO

*McLean's*

ADDRESS

*Amrillo Texas*

| DRIVER<br><i>205</i>   | CASH              | CHARGE <input checked="" type="checkbox"/> | ON ACCT. | <i>H. P. Plant</i> |  |
|------------------------|-------------------|--------------------------------------------|----------|--------------------|--|
| QTY.                   | DESCRIPTION       |                                            | PRICE    | AMOUNT             |  |
|                        | YDS               | SACK CONCRETE                              |          |                    |  |
|                        |                   | % CALCIUM CHLORIDE                         |          |                    |  |
|                        |                   | OZ WRDA                                    |          |                    |  |
|                        |                   | OZ AIRE                                    |          |                    |  |
|                        |                   | <i>13,750 cement</i>                       |          |                    |  |
| <i>21</i>              |                   | MILE HAUL                                  |          |                    |  |
|                        |                   | LBS OR % ROCK                              |          |                    |  |
|                        |                   | <del>HOT</del> WATER <i>750 gal</i>        |          |                    |  |
|                        |                   | SERV CHG ORD OF 1 TO 3 YDS                 |          |                    |  |
|                        |                   | WAITING TIME                               |          |                    |  |
|                        |                   | TAX                                        |          |                    |  |
|                        | YDS               |                                            |          |                    |  |
|                        | MI HAUL           |                                            |          |                    |  |
| RECEIVED BY<br>NO. 100 | <i>Cal McLean</i> |                                            |          | TOTAL              |  |

All claims and returned goods MUST be accompanied by this bill.

ALL PURCHASES MADE ON CREDIT DURING THE MONTH ARE DUE AND PAYABLE BY THE 10th OF THE FOLLOWING MONTH. ANY BALANCE NOT PAID BY THE 25th DAY OF THE FOLLOWING MONTH SHALL BE SUBJECT TO A FINANCE CHARGE COMPUTED AT A PERIODIC RATE OF 1 1/2% PER MONTH, OR A MINIMUM CHARGE OF 50¢. THIS IS AN ANNUAL PERCENTAGE RATE OF 18%.