

SIDE ONE

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

Operator: License # 9764  
Name: Stepco Well Service, Inc.  
Address P.O. Box 265  
  
City/State/Zip Ellinwood, KS 67526

Purchaser: \_\_\_\_\_  
Operator Contact Person: Ed Stephens  
Phone (316) 574-2909

Contractor: Name: Duke Drilling Co., Inc.  
License: 5929

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

Designate Type of Completion  
 New Well  Re-Entry  Workover  
 Oil  SWD  Temp. Abd.  
 Gas  Inj  Delayed Comp.  
 Dry  Other (Core, Water Supply, etc.)

If ~~CMO~~ old well info as follows:  
Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_  
Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_

Drilling Method:  
 Mud Rotary  Air Rotary  Cable  
5-16-90 5-22-90  
Spud Date Date Reached TD Completion Date

API NO. 15- 009-24,419-00-00

County Barton  
100'S of \_\_\_\_\_  
E/2 W/2 NW Sec. 16 Twp. 17 Rge. 12  East  
3860 Ft. North from Southeast Corner of Section

4290 Ft. West from Southeast Corner of Section  
(NOTE: Locate well in section plat below.)

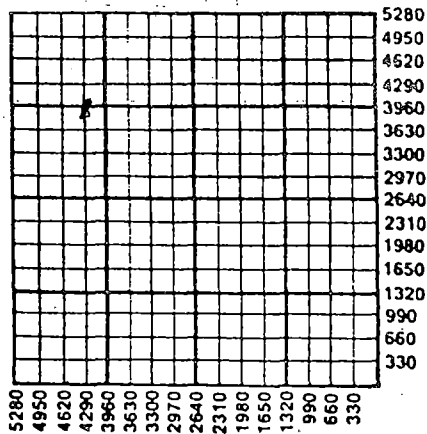
Lease Name Jennish Well # 2

Field Name \_\_\_\_\_

Producing Formation \_\_\_\_\_

Elevation: Ground 1900' KB 1905'

Total Depth 3428 PBDT \_\_\_\_\_



Amount of Surface Pipe Set and Cemented at 340 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/ \_\_\_\_\_ sx cmt.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 \_\_\_\_\_ Date \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.  
Notary Public \_\_\_\_\_  
Date Commission Expires \_\_\_\_\_

KCC WICHITA

MAR 21 2016

RECEIVED

K.C.C. OFFICE USE ONLY  
F  Letter of Confidentiality Attached  
C  Wireline Log Received  
C  Drillers Timelog Received  
  
Distribution  
\_\_\_\_ KCC  SWD/Rep  NGPA  
\_\_\_\_ KGS  Plug  Other  
(Specify)

**SIDE TWO**

Operator Name Stepco Well Service, Inc. Lease Name Jennish Well # 2

Sec. 16 Twp. 17 Rge. 12  East  West  
 County Barton

**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.)

**Formation Description**

Log  Sample

Name \_\_\_\_\_ Top \_\_\_\_\_ Bottom \_\_\_\_\_

**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"	25#	340'	50/50poz	160	2% gel 3% cc

Shots Per Foot	PERFORATION RECORD 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  Yes  No

Date of First Production \_\_\_\_\_ Producing Method  Flowing  Pumping  Gas Lift  Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas:  Vented  Sold  Used on Lease (If vented, submit ACO-18.)

**METHOD OF COMPLETION**  Open Hole  Perforation  Dually Completed  Commingled  Other (Specify) \_\_\_\_\_

Production Interval \_\_\_\_\_