

Correction ✓ KAR 3-6-2017

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**WELL COMPLETION FORM**  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Form ACO-1  
June 2009  
Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

OPERATOR: License # 34209  
Name: OVERLAND PASS PIPELINE CO LLC  
Address 1: 2001 S HWY 81  
Address 2: PO BOX 29  
City: MEDFORD State: OK Zip: 73759  
Contact Person: JAMES PHELPS  
Phone: (307) 399 8260  
CONTRACTOR: License # 48 - 1107651  
Name: WOOFER PUMP AND WELL  
Wellsite Geologist: NONE  
Purchaser: N/A

KCC WICHITA

MAR 06 2017

RECEIVED

Designate Type of Completion:

- ☐ New Well ☐ Re-Entry ☐ Workover
- ☐ Oil ☐ WSW ☐ SWD ☐ SIOW  
☐ 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: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- ☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD  
☐ Conv. to GSW
- ☐ Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- ☐ Commingled Permit #: \_\_\_\_\_  
☐ Dual Completion Permit #: \_\_\_\_\_  
☐ SWD Permit #: \_\_\_\_\_  
☐ ENHR Permit #: \_\_\_\_\_  
☐ GSW Permit #: \_\_\_\_\_

Spud Date or 3/3/2009 Date Reached TD 3/3/2009 Completion Date or 3/4/2009  
Recompletion Date

API No. 15 - 195-22596-00-00

Spot Description: OGALLA SITE  
NE NW SE Sec. 13 Twp. 22 S. R. 22 ☐ East ☒ West  
1650 Feet from North Line of Section  
1898 Feet from ☒ East / ☐ West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
☒ NE ☐ NW ☒ SE ☐ SW

County: TREGO

Lease Name: N/A Ogalla Site Well #: NA  
Field Name: NA

Producing Formation: NA

Elevation: Ground: 2993 Kelly Bushing: N/A

Total Depth: 300 Plug Back Total Depth: 300

Amount of Surface Pipe Set and Cemented at: 1 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.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: N/A ppm Fluid volume: N/A bbls

Dewatering method used: AIR DRY

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

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

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West

County: \_\_\_\_\_ Permit #: RECEIVED

JUL 26 2010

**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 of 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.

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.

Signature: James W. Phelps  
Title: SE CP TECHNITION - OPPL Date: 7/22/2010

KCC Office Use ONLY

☒ Letter of Confidentiality Received

Date: \_\_\_\_\_

☐ Confidential Release Date: \_\_\_\_\_

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☐ II ☒ III Approved by: Dlg Date: 7/29/10

## KCC WICHITA

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Side Two

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Operator Name: OVERLAND PASS PIPELINE CO LLC Lease Name: N/A Well #: NA  
 Sec. 2113 Twp. 13 S. R. 22 ☐ East ☒ West County: TREGO

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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

Electric Log Submitted Electronically ☐ Yes ☐ No  
 (If no, Submit Copy)

List All E. Logs Run:

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

Name	Top	Datum
CLAY	10	
CLAY	50	
CLAY	100	
CLAY	150	
CLAY	200	
CLAY	250	
CLAY	300	

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
CASING	14.625	8.625	5.39 Lbs. / Ft.	60	BENTONITE	48	NONE

## 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	NA			

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 ENHR.	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: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202