

Correction KCR 3-6-2017

ORIGINAL

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

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: WOOFTER 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 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: _____

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 _____
 Casingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

3/3/2009

Date Retired TD

Completion Date or
Recompletion Date

Spud Date or
Recompletion Date

JUL 26 2010

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

Spd Description: OGALLA SITE

Sec. 13 Twp. 13 S. R. 22 East West

18050 Feet from North South Line of Section

18050 2065 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: TREGO

Lease Name: N/A Ogallala Site Well #: NA

Field Name: N/A

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 #: _____

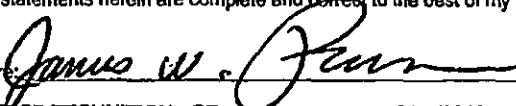
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: RECEIVED

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 207B, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-108 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.

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: 

Title: SKCP 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

MAR 06 2017

Side Two

RECEIVED

Operator Name: OVERLAND PASS PIPELINE CO LLC

Lease Name: N/A

Well #: NA

Sec. 213, 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 Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes	<input type="checkbox"/> No	CLAY	10	
Electric Log Run	<input type="checkbox"/> Yes	<input type="checkbox"/> No	CLAY	50	
Electric Log Submitted Electronically (If no, Submit Copy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	CLAY	100	
List All E. Logs Run:			CLAY	150	
			CLAY	200	
			CLAY	250	
			CLAY	300	

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

ADDITIONAL CEMENTING / SQUEEZE RECORD							
Purpose: — Perforate — Protect Casing — Plug Back TD — Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives			
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. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____			PRODUCTION INTERVAL: _____ _____		
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