

FORM MUST BE TYPED

ORIGINAL

SIDE ONE

15.185.13079.0001

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

Operator: License # 6039

Name: L. D. DRILLING, INC.

Address R. R. 1 BOX 183 B

City/State/Zip GREAT BEND, KANSAS 67530

Purchaser: SWD

Operator Contact Person: L. D. Davis

Phone (316) 793-3051

Contractor: Name: Workover by SATURN WELL SERVICE

License: 3641

Wellsite Geologist: na

Designate Type of Completion  
 New Well  Re-Entry  Workover

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

If Workover:

Operator: Mid-States Petroleum

Well Name: McCrary #5

Comp. Date 10/46 Old Total Depth 3577'

RAN LINER  
 Deepening  Re-perf.  Conv. to Inj/SWD  
 Plug Back  PBD  
 Commingled  Docket No. \_\_\_\_\_  
 Dual Completion  Docket No. \_\_\_\_\_  
 Other (SWD or Inj?)  Docket No. \_\_\_\_\_

8-19-95 8-21-95  
Spud Date of REENTRY Date Reached TD Completion Date

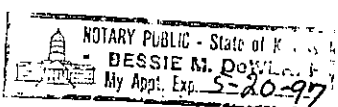
API NO. 15- NA drilled September 1946  
County STAFFORD  
- NW - NW - SE Sec. 19 Twp. 21S Rge. 12 X E  
2310 Feet from S/N (circle one) Line of Section  
2310 Feet from E/W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
NE, SE, NW or SW (circle one)  
Lease Name McCrary Well # 5  
Field Name Mueller  
Disposal Producing Formation na Arbuckle  
Elevation: Ground 1871' KB \_\_\_\_\_  
Total Depth 3720' PBD \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at 296' 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 REWORK 994 11-16-95  
(Data must be collected from the Reserve Pit)  
Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls  
Dewatering method used \_\_\_\_\_  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name \_\_\_\_\_  
Lease Name \_\_\_\_\_ License No. \_\_\_\_\_  
\_\_\_\_\_ Quarter Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Rng. \_\_\_\_\_ E/W  
County \_\_\_\_\_ Docket No. \_\_\_\_\_

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, 82-3-106 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 L. D. Davis  
Title President Date 10-20-95  
Subscribed and sworn to before me this 20th day of October, 1995.  
Notary Public Bessie M. DeWerff  
Bessie M. DeWerff  
Date Commission Expires 5-20-97

K.C.C. OFFICE USE ONLY  
F  Letter of Confidentiality Attached  
C  Wireline Log Received  
C  Geologist Report Received  
Distribution  
 KCC  STATE CORPORATION COMMISSION  
 KGS  NGPA  
 Other (Specify)  
OCT 27 1995



Form ACO-1 (7-91)  
CONSOLIDATED

10-29-1995

SIDE TWO

Operator Name L. D. Drilling, Inc.

Lease Name McCrary

Well # 5

Sec. 19 Twp. 21 Rge. 12

East

County Stafford

West

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 checked="" 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
liner string		5 1/2"	15# & 17#	3631'	Hal-Lite	175	1/2% CFR-3
					60/40 Poz	25	1/2% CFR-3 5# Gilsonite

1%CC

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	

TUBING RECORD		Size <u>2 7/8"</u>	Set At, <u>3623'</u>	Packer At <u>3623'</u>	Liner Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. <u>8-30-95</u>		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 <u>N/A</u> Bbls.	Gas <u>N/A</u> Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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

**Disposal**  Open Hole  Perf.  Dually Comp.  Commingled 3631'-3720'

Other (Specify) \_\_\_\_\_

**WELL DATA**

FIELD \_\_\_\_\_ SEC 19 TWP 21S RNG 12W COUNTY St. Francois STATE KS

FORMATION NAME \_\_\_\_\_ TYPE \_\_\_\_\_  
 FORMATION THICKNESS \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
 INITIAL PROD: OIL \_\_\_\_\_ BPD. WATER \_\_\_\_\_ BPD. GAS \_\_\_\_\_ MCFD  
 PRESENT PROD: OIL \_\_\_\_\_ BPD. WATER \_\_\_\_\_ BPD. GAS \_\_\_\_\_ MCFD  
 COMPLETION DATE \_\_\_\_\_ MUD TYPE \_\_\_\_\_ MUD WT. \_\_\_\_\_  
 PACKER TYPE \_\_\_\_\_ SET AT \_\_\_\_\_  
 BOTTOM HOLE TEMP. \_\_\_\_\_ PRESSURE \_\_\_\_\_  
 MISC. DATA \_\_\_\_\_ TOTAL DEPTH 3630

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING			5 1/2	0	3630	
LINER						
TUBING						
OPEN HOLE						SHOTS/FT
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

**JOB DATA**

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>8-19</u>	DATE <u>8-19</u>	DATE <u>8-19</u>	DATE <u>8-19</u>
TIME <u>1330</u>	TIME <u>1645</u>	TIME <u>1720</u>	TIME <u>2130</u>

**TOOLS AND ACCESSORIES**

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER		
OTHER		

**PERSONNEL AND SERVICE UNITS**

NAME	UNIT NO. & TYPE	LOCATION
<u>G. P. Laberg</u> 41989	42024 A	HAYS
<u>J. Kockel</u> 4322	4412	HAYS
<u>T. P. ...</u> 41632	5070	HAYS
<u>A. ...</u> 42732	4444	HAYS
	41341	...

**MATERIALS**

TREAT. FLUID \_\_\_\_\_ DENSITY \_\_\_\_\_ LB/GAL. API  
 DISPL. FLUID \_\_\_\_\_ DENSITY \_\_\_\_\_ LB/GAL. API  
 PROP. TYPE \_\_\_\_\_ SIZE \_\_\_\_\_ LB.  
 ACID TYPE \_\_\_\_\_ GAL. %  
 SURFACTANT TYPE \_\_\_\_\_ GAL. IN  
 NE AGENT TYPE \_\_\_\_\_ GAL. IN  
 FLUID LOSS ADD. TYPE \_\_\_\_\_ GAL.-LB. IN  
 GELLING AGENT TYPE \_\_\_\_\_ GAL.-LB. IN  
 FRIC. RED. AGENT TYPE \_\_\_\_\_ GAL.-LB. IN  
 BREAKER TYPE \_\_\_\_\_ GAL.-LB. IN  
 BLOCKING AGENT TYPE \_\_\_\_\_ GAL.-LB.  
 PERFPAC BALLS TYPE \_\_\_\_\_ QTY.  
 OTHER \_\_\_\_\_

DEPARTMENT Cement  
 DESCRIPTION OF JOB Cement casing joint  
 JOB DONE THRU: TUBING  CASING  ANNULUS  TBG./ANN.   
 CUSTOMER REPRESENTATIVE X L. D. ...  
 HALLIBURTON OPERATOR G. P. Laberg COPIES REQUESTED \_\_\_\_\_

**CEMENT DATA**

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>17.5</u>	<u>NLC</u>		<u>R</u>	<u>1/2% CFR-3</u>	<u>1.97</u>	<u>12.4</u>
	<u>25</u>	<u>4 1/2% Premium</u>		<u>R</u>	<u>1/2% CFR-3</u>	<u>1.97</u>	<u>11.3</u>

**PRESSURES IN PSI**

**SUMMARY**

**VOLUMES**

CIRCULATING \_\_\_\_\_ DISPLACEMENT \_\_\_\_\_  
 BREAKDOWN \_\_\_\_\_ MAXIMUM \_\_\_\_\_  
 AVERAGE \_\_\_\_\_ FRACTURE GRADIENT \_\_\_\_\_  
 SHUT-IN: INSTANT \_\_\_\_\_ 5-MIN \_\_\_\_\_ 15-MIN \_\_\_\_\_  
 HYDRAULIC HORSEPOWER \_\_\_\_\_  
 ORDERED \_\_\_\_\_ AVAILABLE \_\_\_\_\_ USED \_\_\_\_\_  
 AVERAGE RATES IN BPM \_\_\_\_\_  
 TREATING \_\_\_\_\_ DISPL. \_\_\_\_\_ OVERALL \_\_\_\_\_  
 CEMENT LEFT IN PIPE \_\_\_\_\_  
 FEET 20 REASON SNOW JOINT  
 PRESLUSH: BBL.-GAL. \_\_\_\_\_ TYPE \_\_\_\_\_  
 LOAD & BKDN: BBL.-GAL. \_\_\_\_\_ PAD: BBL.-GAL. \_\_\_\_\_  
 TREATMENT: BBL.-GAL. \_\_\_\_\_ DISPL: BBL.-GAL. 33  
 CEMENT SLURRY: BBL.-GAL. 62  
 TOTAL VOLUME: BBL.-GAL. 156  
 REMARKS RECEIVED  
SEE 500 LOG  
TH...  
11/17/1995  
OCT 2 1995

CUSTOMER \_\_\_\_\_  
 LEASE \_\_\_\_\_  
 WELL NO. \_\_\_\_\_  
 JOB TYPE \_\_\_\_\_  
 DATE 8-19-95



# HALLIBURTON

## HALLIBURTON ENERGY SERVICES

HAL-1906-N

CHARGE TO: LD D.F.

ADDRESS: Box 123-R

CITY STATE ZIP CODE: Great Bend, KS 67530

CUSTOMER COPY

TICKET

No. 839799 - 4

PAGE 1 OF 2

1. SERVICE LOCATIONS <u>1. H-45 2323</u>	WELL/PROJECT NO. <u>S 3009</u>	LEASE <u>McCree</u>	COUNTY/PARISH <u>Stafford</u>	STATE <u>KS</u>	CITY/OFFSHORE LOCATION <u>Dartmouth, KS</u>	DATE <u>8-17-75</u>	OWNER <u>HOME</u>
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <u>Halliburton Energy Services</u>	RIG NAME/NO.	SHIPPED VIA <u>4110</u>	DELIVERED TO <u>Wagon</u>	ORDER NO.	
3. WELL TYPE <u>11</u>	WELL CATEGORY <u>02</u>	JOB PURPOSE <u>ness</u>	WELL PERMIT NO.	WELL LOCATION <u>11.13 Dartmouth, KS</u>			
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
007-117		1			MILEAGE	54	1/100			2.75	148.50
001-019		1			Pump Service	36.30	FT			15.70	1570.00
030-016	S	1			Top Pipe	1	EA	5 1/2		60.00	60.00
12A	825.205	1			Grinder Shop	1	EA	5 1/2		121.50	121.50
12B	845.191251	1			Grinder Shop	1	EA	5 1/2		110.00	110.00

ORIGINAL

**LEGAL TERMS:** Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED: 8/17/75 TIME SIGNED: 10:00  A.M.  P.M.

do  do not require IPC (Instrument Protection).  Not offered

SUB SURFACE SAFETY VALVE WAS:  
 PULLED & RETURN  PULLED  RUN

TYPE LOCK: \_\_\_\_\_ DEPTH: \_\_\_\_\_

BEAN SIZE: \_\_\_\_\_ SPACERS: \_\_\_\_\_

TYPE OF EQUALIZING SUB.: \_\_\_\_\_ CASING PRESSURE: \_\_\_\_\_

TUBING SIZE: \_\_\_\_\_ TUBING PRESSURE: \_\_\_\_\_ WELL DEPTH: \_\_\_\_\_

TREE CONNECTION: \_\_\_\_\_ TYPE VALVE: \_\_\_\_\_

WE SURVEY:  AGREE  UN-DECIDED  DIS-AGREE

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?

WE UNDERSTOOD AND MET YOUR NEEDS?

OUR SERVICE WAS PERFORMED WITHOUT DELAY?

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?

ARE YOU SATISFIED WITH OUR SERVICE?  YES  NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: 2007 50

FROM CONTINUATION PAGE(S): 2536 55

SUB-TOTAL: 4546 55

APPLICABLE TAXES WILL BE ADDED ON INVOICE

**CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES** The customer hereby acknowledges receipt of the materials and services listed on this ticket.

CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT): L.A. Wynn

CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE): X

HALLIBURTON OPERATOR/ENGINEER: P. K. Long EMP # 41487

HALLIBURTON APPROVAL: \_\_\_\_\_



HALLIBURTON

TRK 4444-5070

TICKET CONTINUATION

CUSTOMER COPY

TICKET No. 839779

HALLIBURTON ENERGY SERVICES

CUSTOMER <b>L.D. Drilling</b>	WELL <b>McCrary 5 SW3</b>	DATE <b>8-19-95</b>	PAGE <b>2</b>	OF <b>2</b>
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FORM 1911 R-10

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
304-316		1			Halliburton Light Cement	175				8.03	1,405.25
504-136		1			40/60 Pozmix Standard	25				7.16	179.00
506-121		1			1sk Halliburton Gel@2%						n/c
5087-133		1			CFR-2	886	1h			4.85	417.10
509-406		-			Calcium Chloride	1				36.75	36.75
ORIGINAL											
500-207		1			SERVICE CHARGE	CUBIC FEET 202				1.35	272.70
500-306		1			MILEAGE CHARGE	TOTAL WEIGHT 17,602	LOADED MILES 27	TON MILES 237.627		95	225.75

CONTINUATION TOTAL	2,536.55
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No. B 285382