

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

```

Operator: License # .. 3451 ..
Name .. American Salt Co. ....
Address .. Box 498 ..
.. Lyons, KS ..
City/State/Zip .. 67554 ..

```

Purchaser.....NA.....

Operator Contact Person ..Charles Nichols.....
Phone ..257-2324.....

Contractor: License # . NA
Name

Wellsite Geologist.....NA.....
Phone.....

Designate Type of Completion
New Well Re-Entry ☒ Workover

☐ Oil	☐ SWD	☐ Temp Abd
☐ Gas	☐ Inj	☐ Delayed Comp.
☒ Dry Plugged	☐ Other (Core, Water Supply etc.)	

If OWNED: old well info as follows:

Operator	Allen & Brooks
Well Name	Stahl #3
Comp. Date	11-18-49
Old Total Depth	3304

Drilling Method:

	Mud Rotary	Air Rotary	Cable
10-27-49	11-18-49	plugged 12-14-49	9-27-87
Spud Date	Date Reached TD	Completion Date	

3304

Total Depth	PBTD
100	100
200	200
300	300
400	400
500	500
600	600
700	700
800	800
900	900
1000	1000
1100	1100
1200	1200
1300	1300
1400	1400
1500	1500
1600	1600
1700	1700
1800	1800
1900	1900
2000	2000
2100	2100
2200	2200
2300	2300
2400	2400
2500	2500
2600	2600
2700	2700
2800	2800
2900	2900
3000	3000
3100	3100
3200	3200
3300	3300
3400	3400
3500	3500
3600	3600
3700	3700
3800	3800
3900	3900
4000	4000
4100	4100
4200	4200
4300	4300
4400	4400
4500	4500
4600	4600
4700	4700
4800	4800
4900	4900
5000	5000
5100	5100
5200	5200
5300	5300
5400	5400
5500	5500
5600	5600
5700	5700
5800	5800
5900	5900
6000	6000
6100	6100
6200	6200
6300	6300
6400	6400
6500	6500
6600	6600
6700	6700
6800	6800
6900	6900
7000	7000
7100	7100
7200	7200
7300	7300
7400	7400
7500	7500
7600	7600
7700	7700
7800	7800
7900	7900
8000	8000
8100	8100
8200	8200
8300	8300
8400	8400
8500	8500
8600	8600
8700	8700
8800	8800
8900	8900
9000	9000
9100	9100
9200	9200
9300	9300
9400	9400
9500	9500
9600	9600
9700	9700
9800	9800
9900	9900
10000	10000

8 5/8" casing set at 165
Amount of Surface Pipe Set and Cemented at.....feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set.....feet
If alternate 2 completion, cement circulated
from.....feet depth to.....w/.....SX cmt
Cement Company Name NA.....
Invoice # NA.....

API NO. 15-.....159-01,014 :000]

County.....Rice.....

SE SE NW Sec. 14 Twp 20S Rge 28E East
West

2970 Ft North from Southeast Corner of Section
2970 Ft West from Southeast Corner of Section

(Note: Locate well in section plat below)

Lease Name.....Stahl.....Well #.....3.....

Field Name.....Brine.....

Producing Formation.....Sand

Elevation: Ground.....1640'.....KB.....NA.....

Section Plat

WATER SUPPLY INFORMATION

Disposition of Produced Water: NA Disposal
Docket # Repressuring

Questions on this portion of the ACO-1 call:

Water Resources Board (913) 296-3717

-Source of Water:

Division of Water Resources Permit #.....

Groundwater.....Ft North from Southeast Corner
(Well) Ft West from Southeast Corner of
Sec Twp Rge East West

Surface Water.....Ft North from Southeast Corner
(Stream,pond etc).....Ft West from Southeast Corner

Sec	Twp	Rge	East	West
-----	-----	-----	------	------

Other (explain).....
(purchased from city, R.W.D. #)

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 slide 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. 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 Charles E. Nichol

Title Plant Manager Date 10/26/77

Subscribed and sworn to before me this 8th day of October, 1987...

Notary Public.....*Ken E. Lebeck*.....

Date Commission Expires...9-8-90



K.C.C. OFFICE USE ONLY

F ☐ Letter of Confidentiality Attached
C ☐ Wireline Log Received
C ☐ Drillers Timelog Received

Distribution

STATE CORPORATION COMMISSION

... OCT 12 1987

Form ACO-1 (5-86)
Wichita, Kansas

10-12-1987

SIDE TWO

Operator Name American Salt co. Lease Name Stahl Well # 3Sec. 14 Twp. 20 Rge. 8 ☐ East ☒ West County Rice

WELL LOG

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
 Samples Sent to Geological Survey ☐ Yes ☐ No
 Cores Taken ☐ Yes ☐ No

Formation Description
☐ Log ☐ Sample

Name Top Bottom

SEE ATTACHED PLUGGING REPORT

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		8 5/8		165		125	
Production		5 1/2"		3298		75	

PERFORATION RECORD		Acid, Fracture, Shot, Cement Squeeze Record	
Shots Per Foot	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
	NA	NA	

TUBING RECORD		Liner Run ☐ Yes ☐ No	
Size	Set At	Packer at	

Date of First Production	Producing Method ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (explain).....			
NA	NA			

Estimated Production Per 24 Hours	Oil	Gas	Water	Gas-Oil Ratio	Gravity
	NA Bbls	NA MCF	NA Bbls	CFPB	

METHOD OF COMPLETION

Production Interval

Disposition of gas: ☐ Vented ☐ Open Hole ☐ Perforation
☐ Sold ☐ Other (Specify)
 NA ☐ Used on Lease ☐ Dually Completed
☐ Commingled