

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

Form ACO-1
September 1999
Form Must Be Typed

**WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

COPY

Operator: License # 5893
Name: Pratt Well Service, Inc.
Address: P.O. Box 847
City/State/Zip: Pratt, KS 67124
Purchaser: American Pipeline
Operator Contact Person: Kenneth C. Gates
Phone: (620) 672-2531
Contractor: Name: Duke Drilling Co., Inc.
License: 5929
Wellsite Geologist: Jerry Smith
Designate Type of Completion:
____ New Well ☒ Re-Entry ____ Workover
____ Oil ☒ SWD ____ SIOW ____ Temp. Abd.
☒ Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)
If Workover/Re-entry: Old Well Info as follows:
Operator: Walters Drilling Co.
Well Name: Updegraff #1
Original Comp. Date: 02/58 Original Total Depth: 4350'
☒ Deepening ____ Re-perf. ____ Conv. to Enhr./SWD
____ Plug Back ____ Plug Back Total Depth
____ Commingled ____ Docket No. ____
____ Dual Completion ____ Docket No. ____
☒ Other (SWD or Enhr.?) ____ Docket No. pending

<u>06/17/03</u>	<u>06/20/03</u>	<u>09/16/03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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API No. 15 - 007-00581-00-01

County: Barber
NE SW - - Sec. 23 Twp. 31 S. R. 12 ☐ East ☒ West
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:

(circle one) NE SE NW (SW)

Lease Name: PIKE/UPDEGRAFF owwo Well #: 1

Field Name: Pike

Producing Formation: Douglas

Elevation: Ground: 1610' Kelly Bushing: 1619'

Total Depth: 4860' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at existing - 215 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 30,000 ppm Fluid volume 330 bbls

Dewatering method used trucked off location

Location of fluid disposal if hauled offsite: _____

Operator Name: Benco

Lease Name: Mac License No.: 32616

Quarter _____ Sec. 7 Twp. 32 S. R. 11 ☐ East ☒ West

County: Barber Docket No.: CD78214

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.

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: Kenneth C. Gates
Title: President Date: October 7, 2003

Subscribed and sworn to before me this 7 day of October

20 03
Notary Public: Amy S. Robertson
My Appt. Expires 3/13/04

KCC Office Use ONLY

☒ Letter of Confidentiality Attached

If Denied, Yes ☐ Date: _____

☒ Wireline Log Received

☒ Geologist Report Received

____ UIC Distribution

Operator Name: Pratt Well Service, Inc. Lease Name: PIKE/uPDEGRAFF owwo Well #: 1
Sec. 23 Twp. 31 S. R. 12 ☐ East ☒ West County: Barber

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 copy of all Electric Wireline 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
(Submit Copy)

List All E. Logs Run:

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

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CASING RECORD <input 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	# Sacs Used	Type and Percent Additives
existing surface		8 5/8"		215'			
production	7 7/8"	5 1/2"	15.5#	4805'	50/50 Poz	300	10% salt, 5# gilsonite

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

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
	Arbuckel open hole 4805-4860	1500 gals 28% acid	
4	Douglas 3719 - 3722	no treatment	

TUBING RECORD			Size	Set At	Packer At	Liner Run		
			2 7/8"	4741.97	3752'	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of First, Resumerd Production, SWD or Enhr.				Producing Method				
				<input type="checkbox"/> Flowing <input checked="" 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
	none		100		180			

Disposition of Gas

METHOD OF COMPLETION

Production Interval

☐ Vented ☒ Sold ☐ Used on Lease
(If vented, Submit ACO-18.)

☐ Open Hole ☐ Perf. ☒ Dually Comp. ☐ Commingled _____
☐ Other (Specify) _____