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 # 6030
Name
Address
City/State/Zip
Colorado Springs, CO 80906

Purchaser: Koch Oil Co.

Operator Contact Person: Terry Hay
Phone: (319) 377-7700

Contractor: License # 53232
Name: A. T. HAMMOND DRILLING, INC.

Wellsite Geologist: Kent Roberts
Phone: 316-882-3300

Designate Type of Completion
X New Well Re-Entry Workover

X Oil __ Gas __ SGD __
Other __

If OWN: old well Info as follows:
Operator
Well Name
Comp Date
Total Depth

WELL HISTORY

Drilling Method:
X Mud Rotary __ Air Rotary __ Cable

1-23-89
2-02-89
2-1P-89

Spud Date
Date Reached TD
Completion Date

3920 ft
PSTD

Amount of Surface Pipe Set and Cemented at 273 ft
Multiple Stage Cementing Collar Used: Yes
No

If yes, show depth.
1540 ft

If alternate 2 completion, cement circled
1350 ft depth to 273 ft.

Cement Company Name
Halliburton
Invoice # 791176

INSTRUCTIONS: This form shall be complete 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.

All 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 driller's 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.

Questions on this portion of the ACO-1 call:
Water Resources Board (913) 296-3717
Division of Water Resources Permit # 3190-043

X Groundwater 4620 ft North from Southeast Corner of Graham
Well
Sec 10 Twp 78 Rge 22 East

X Surface Water __

X Other (explain)

Supplied by Contractor
(purchased from city, R.W.D. #)

K.C.C. OFFICE USE ONLY

E/ Letter of Confidentiality Attached
C/ Wireline Log Received
C/ Driller's Time Log Received

Distribution
KCC ___ State Rep ___ NGPA ___
KSS ___ Plug ___ Other ___
(Specify)

Form ACO-1 (5-86)