

6585

COPY

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
RECOMPLETION FORM
ACO-2 AMENDMENT TO WELL HISTORY

Operator: License # 5617
Name: Pyramid Corporation
Address: 1030 Vincent Lane
City/State/Zip: Wichita KS 67206

Purchaser: Total Petroleum

Operator Contact Person:
Phone: (316) 686-2282 Howard White

Designate Type of Original Completion
 New Well Re-Entry Workover

Date of Original Completion 11/30/82

Name of Original Operator Pyramid Corp.

Original Well Name Willcoxon B No. 3

Date of Recompletion:
2/11/92 2/15/92
Commenced Completed

Re-entry Workover

Designate Type of Recompletion/Workover:
 Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

Deepening Re-perforation
 Plug Back 2550 PBTD
 Conversion to Injection/Disposal

Completed production:
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (Disposal or Injection?) Docket No. _____

API No. 15- 035,23,199

County Cowley

SW SW SW Sec. 15 Twp. 32S Rge. 4 East West

330 Ft. North from Southeast Corner of Section

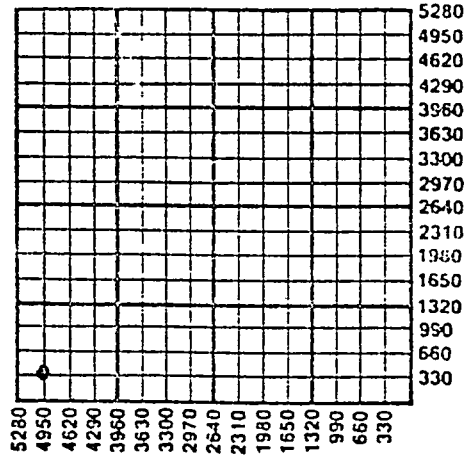
4950 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Lease Name Willcoxon B Well # 3

Field Name State Pool

Producing Formation Kansas city

Elevation: Ground 1131 KB 1136



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received

Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other (Specify) 15

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 recompletion of any well. Rules 82-3-107 and 82-3-141 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 any additional wireline logs and driller's time logs (not previously submitted) shall be attached with this form. Submit ACO-4 or ACO-5 prior to or with this form for approval of commingling or dual completions. Submit CP-1 with all plugged wells. Submit CP-111 with all temporarily abandoned wells. NOTE: Conversion of wells to either disposal or injection must receive approval before use; submit form U-1.

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 Howard White Title President Date 6/4/92

Subscribed and sworn to before me this 4th day of June 1992

Notary Public Vicki White Date Commission Expires 7/31/93
State of Kansas
My Appointment Expires: _____

RECEIVED
STATE CORPORATION COMMISSION
JUN 15 1992
7/31/93
CONSERVATION DIVISION
FORM ACO-2
Wichita, Kansas 67189

SIDE TWO

Operator Name Pyramid Corporation Lease Name Willcoxon B Well # 3
 Sec. 15 Twp. 32S Rge. 4 East West
 County Cowley

RECOMPLETION FORMATION DESCRIPTION

Log Sample

Name Kansas City Top 2504 Bottom 2509

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			
<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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)
2	2504-09 / 10 shots	500 gals 15% acid, 2 gal 15N, .5 gal HAI-60, 2000 gal 15% CRA Retarded Acid

PBTD 2550 Plug Type 5 1/2" Bridge Plug

TUBING RECORD

Size 2 1/2 Set At 2500 Packer At X Was Liner Run Y X N

Date of Resumed Production, Disposal or Injection _____

Estimated Production Per 24 Hours Oil 2 Bbls. Water 50 Bbls. Gas-Oil-Ratio
 Gas _____ Mcf

Disposition of Gas:

Vented Sold Used on Lease (If vented, submit ACO-18.)