

API NO. 15- 103-20,866

County Leavenworth

NW SE SW Sec 7 Twp 9S Rge 22 XXEast
West

990 Ft North from Southeast Corner of Section
3450 Ft West from Southeast Corner of Section

(Note: Locate well in section plat below)

Lease Name Hittle Well # 2

Field Name wildcat

Name of New Formation Pennsylvanian ss. (Bart.)

Elevation: Ground 990 KB 995

Section Plat

Operator: License # 3950
Name Douglas S. King
Address 6149 Plum Valley Pl.
City/State/Zip Ft. Worth, Tex. 76116

Purchaser _____

Operator Contact Person Doug King
Phone (817) 738-4489

Designate Type of Original Completion
☒ New Well ☐ Re-Entry ☐ Workover

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

Date of Original Completion: 7/28/87

DATE OF RECOMPLETION:

<u>11/17/88</u>	<u>11/22/88</u>	
Commenced	Completed	RECEIVED

Designate Type of Recompletion/Workover: STATE CO

Deepening _____ Delayed Completion

Plug Back _____ Re-perforation COM

XX Conversion to Injection/Disposal

Is recompleted production:

Commingled; Docket No.

Dual Completion; Docket No. _____

XX Other (Disposal or Injection)?

DEC 06 1988

KANSAS GEOLOGICAL SURVEY
WICHITA BRANCH

RECEIVED
ATION COMMISSION

CONSERVATION DIVISION
Wichita, Kansas

KEY

280
4950
4620
4290
3960
3630
3300
2970
2640
2310
1980
1650
1320
990
660
330

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)

.....

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 prior to or with this form for approval of commingling or dual completions. Submit OP-4 with all plugged wells. Submit OP-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 [Signature] Title owner Date 11/28/88

Subscribed and sworn to before me this 28th day of November 19 88

Notary Public Lumen B. Padgett Date Commission Expires 7-6-89

Grant County, State of Texas

SIDE TWO

Operator Name Douglas S. King Lease Name Hittle Well # 2
Sec 7 Twp 9S Rge 22 ☒ East ☐ West County Leavenworth

RECOMPLETED FORMATION DESCRIPTION:

☒ Log ☒ Sample

Name	Top	Bottom
Penn. SS. probably Bartlesville	1075	1122
(fine to very fine grnd., shaly sandstone.)		

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	# Sacks Used	Type & Percent Additives
	Top	Bottom			
☐ Perforate					
☐ Protect Casing			<u>none</u>		
☐ Plug Back TD					
☐ Plug Off Zone					

Shots Per Foot	PERFORATION RECORD	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)
	Specify Footage of Each Interval Perforated	
<u>1.5</u>	<u>1096-1101</u>	<u>3 1/2" Jets</u>
<u>1.5</u>	<u>1118-1122</u>	<u>same</u>

PBTD 1250 Plug Type CIBP ALPHA (10,000#) (3.71)

TUBING RECORD:

Size none Set At _____ Packer At _____ Was Liner Run? ☐ Y ☒ XX ☐ N

Date of Resumed Production, Disposal or Injection applied for

Estimated Production Per 24 Hours none bbl/oil none bbl/water

 MCF gas gas-oil ratio

The Bridge plug was tested to 500#; 1,000#; 1,500#

The zone was broken@ 1,600# with produced water.

Injection rates were 6.5 BBLS/min. @ 700#
.5 BBLS/min. @ 50#