

APR NO. 15- Unk
County Woodson
NE Sec 11 Twp 26 Rge 14 X² East
West

3960 Ft North from Southeast Corner of Section
580 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

Local Name State of KS Wall # 2

Field Name NA

Name of New Formation KC - Lansing

Elevation: Ground - Unk. - KH -
Section Plot

☒ Now Will	☐ Re-Entry	☐ Workover
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	.	.	.	.	.	.	4290
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	.	.	.	.	.	.	660
	.	.	.	.	.	.	330

DATE OF RECOMPLETION:

10-6-88

Commenced

Designate Type of Reconplotion/Workover:

Depositing Delayed Completion

Filey Box #	Do pay for not for
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 X Conversion to Injection/Disposal

15 recompleted production:

Complaint: _____ Docket No. _____

Final Completion; Hooked No. _____

X Other (Disposal or Injection)?

K. C. C. OFFICE USE ONLY

Letter of Confidentiality Attached

Wireline Log Received

C Drillers Timolog Received

Distribution

~~KCC~~ SWD/Rep NGPA

☒ KGS ☐ Plug ☐ Other

(Spec)(v)

(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 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 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 CP-4 with all plugged wells. Submit CP-11 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 President Date 8-12-88

Subscribed and sworn to before me this 13th day of October 19 88

Notary Public: Sabrina Chapman Date Commission Expires 6-4-90

Patricia Eichman

SIDE TWO

Operator Name REESE EXPLORATION, INC. Lease Name State of KS Well # 2

Soc 11 Twp 26 Rge 14 ☒ East ☐ West County Woodson

RECOMPLETED FORMATION DESCRIPTION:

Log Sample

Name

Top

Bottom

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type & Percent Additives
☒ Perforate				
☐ Protect Casing				
☐ Plug Back TD				
☐ 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)
<u>3</u>	<u>532-562</u>	

PBTD NA Plug Type NA

TUBING RECORD:

Size _____ Set At _____ Packer At _____ Was Liner Run? ☐ Y ☐ N

Date of Resumed Production, Disposal or Injection applied

Estimated Production Per 24 Hours

NA bbl/oil

NA bbl/water

NA MCF gas

NA gas-oil ratio