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JUL 01 1992

SIDE ONE

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

API NO. 15- 071-20,497
~~FROM CONFIDENTIAL~~

County Greeley

NW SW SE Sec. 15 Twp. 16S Rge. 42 X East West

990 Ft. North from Southeast Corner of Section

2310 Ft. West from Southeast Corner of Section

(NOTE: Locate well in section plat below.)

Lease Name Siegrist Well # 1-15

Field Name Wildcat

Producing Formation N/A

Elevation: Ground 3814 KB 3823

Operator: License # 6593

Name: Coastal Oil & Gas Corp.

Address: 211 N. Robinson, Suite 1700

City/State/Zip: Oklahoma City, OK 73102

Purchaser: _____

Operator Contact Person: John D. Perry
Phone: (405) 239-7031

Designate Type of Original Completion
 New Well Re-Entry Workover

Date of Original Completion _____

Name of Original Operator _____

Original Well Name _____

Date of Recompletion: _____

3-11-90 Commenced 6-3-91 Completed

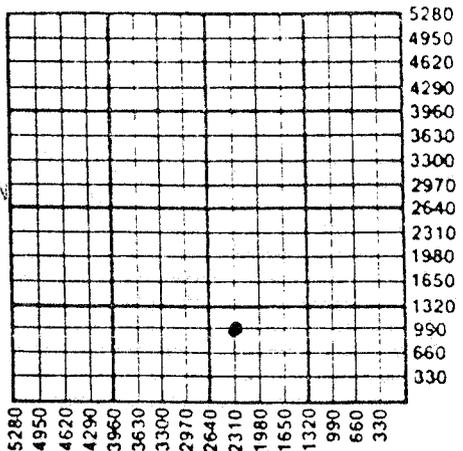
Re-entry Workover

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

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

Is recompleted production: _____

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



6-3-91

RECEIVED
STATE CORPORATION COMMISSION

JUN 12 1991

CONSERVATION DIVISION
Wichita, Kansas

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 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 [Signature] Title Dist. Oper. Supt. Date 6-6-91

Subscribed and sworn to before me this 10th day of June 1991

Notary Public: Shela Harrell Date Commission Expires February 7, 1995

SIDE TWO

Operator Name Coastal Oil & Gas Corp. Lease Name Siegrist Well # 1

Sec. 15 Twp. 16S Rge. 42
 East
 West

County Greeley

RECOMPLETION FORMATION DESCRIPTION

Log Sample

| Name | Top | Bottom |
|---------------|------|--------|
| Mississippian | 5172 | 5179 |

| 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 | 5172'-5179' | |
| | | |
| | | |
| | | |
| | | |

PBTD _____ Plug Type _____

TUBING RECORD

Size N/A Set At N/A Packer At N/A Was Liner Run Y N

Date of Resumed Production, Disposal or Injection Well D & A

Estimated Production Per 24 Hours Oil _____ Bbls. Water _____ Bbls. Gas-Oil-Rat _____

Gas _____ Mcf

Disposition of Gas:

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