SIDE ONE

API NO. 15- 055-20,880-A

STATE	CORPORA	NOITA	COHHI	SSION	OF	KANSAS	
011	& GAS	CONSE	ERVATI	ON DI	VIS:	ION	
RECOMPLETION FORM							
ACO-2	AMENDME	ENT TO	WELL	HISTO	YRC		

RECOMPLETION FORM	County Finney				
ACO-2 AMENDMENT TO WELL HISTORY	C- NW NW SW sec. 4 Twp. 23 Rge. 31 X West				
Operator: License #9883	2310 Ft. North from Southeast Corner of Section				
Name: SHARON RESOURCES, INC.	4950' Ft. West from Southeast Corner of Section				
Address: <u>5340 S. Quebec</u> , #220	(NOTE: Locate well in section plat below.)				
City/State/Zip: Englewood, CO 80111	Lease Name SCOTT Well # 4-6				
Purchaser:	Field Name STEWART				
	Producing formation				
Operator Contact Person: Mark Steinhauser Phone:(303) 694-4920	Elevation: Ground 2873' KB 2878'				
Designate Type of Original Completion New Well Re-Entry Workover	5280 4950 4620				
Date of Original Completion //-/3-89	4290				
Name of Original Operator SHARON RESOURCES	3630 3630 3300				
Original Well Name SCOTT #4-6	2970 2640				
nate of Recompletion:	IVED 2310 H				
9/10/91 9/10/91 STATE CORPORA Completed	1650 1320				
Re-entry XX Workover SEP 1	6 1991				
Designate Type of Recompletion/Workover: Oil XX 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. TY Other (Disposal or Injection?) Docket No. D-26,271 INSTRUCTIONS: This form shall be completed in triplicate an Derby Building, Wichita, Kansas 67202, within 120 days apply. Information on side two of this form will be held co	Distribution C				
and submitted with the form. See rule 82-3-107 for confiden wireline logs and driller's time logs (not previously submit prior to or with this form for approval of commingling or du CP-111 with all temporarily abandoned wells. NOTE: Conve approval before use; submit form U-1.	tiality in excess of 12 months. One copy of any additional ted) shall be attached with this form. Submit ACO-4 or ACO-5 al completions. Submit CP-1 with all plugged wells. Submit ration of wells to either disposal or injection must receive atted to regulate the oil and gas industry have been fully complied.				
	LAND MANAGOR Date 9/13/41 September 1991				
Subscribed and sworn to before me this day of	suprember 19 9/				
Notary Public	Date Commission Expires 1881011 EXPIRES 11812 20, 198				

SIDE TWO Cperator Name SHARON RESOURCES, INC. Lease Name SCOTT Well # 4-6 ☐ East Sec. 4 Twp. 23 Rge. 31 W West FINNEY County RECOMPLETION FORMATION DESCRIPTION X Log Sample Bottom Top Name 1547' 1816' CEDAR HILLS (GLORIETTA) ADDITIONAL CEMENTING/SQUEEZE RECORD Purpose: Bottom Type of Cement | # Sacks Used | Type and Percent Additives Top Perforate 2% GEL, 3% cc CLASS H 275 Protect Casing Plug Back TD 10.5# 1938 CSG CLASS H Plug Off Zone 2% CAL, HLC (H) 400 SXS 1/4 PPS FLOCELE 100 SXS CIRC. 40 BBLS CEMENT TO SURFACE Acid, Fracture, Shot, Cement Squeeze Record PERFORATION RECORD (Amount and Kind of Material Used) Specify Footage of Each Interval Perforated Shots Per Foot 1565 - 1585 2 1646 - 1662 PBID 1894' Plug Type CEMENT TUBING RECORD Size 2 3/8" Set At 1520' Packer At 1520' Was Liner Run Y X N Date of Resumed Production, Disposal or Injection PENDING M.I.T. Estimated Production Per 24 Hours Oil ______ Bbls. Water _____ Bbls. _____ Gas-Gil-Ratio