

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

Operator: License # 5208
Name MOBIL OIL CORPORATION
Address P.O. BOX 5444
City/State/Zip DENVER, COLORADO 80217

Purchaser SOLD ON SPOT MARKET
Transporter ENRON

Operator Contact Person B. R. MAYNARD
Phone (303) 298-2069

Designate Type of Original Completion
☒ X New ☐ Re-Entry ☐ Workover
☒ XX Oil ☐ SWD ☐ Temp Abd
☐ Gas ☐ Inj ☐ Delayed Comp.
☐ Dry ☐ Other (Core, Water Supply, etc.)

Date of Original Completion: 4/17/87
Wichita, Kansas

DATE OF RECOMPLETION
6/13/87 6/18/87
Commenced Completed
KANSAS GEOLOGICAL SURVEY
WICHITA BRANCH

Designate Type of Recompletion / Workover:

☐ Deepening ☐ Delayed Completion
☐ Plug Back ☒ XX Re-perforation
☐ Conversion to Injection / Disposal

Is recompletion production: N/A

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

API No. 15- 081-20431

COUNTY HASKELL

C SE SW Sec 16 Twp 28S Rge 34 XX East West

660 Ft North from Southeast Corner of Section
3300 Ft West from Southeast Corner of Section

(Note: Locate well in section plat below)

(FORMERLY: TENA FLETCHER WELL #2)

Lease Name FLETCHER UNIT WELL # 2

Field Name PANOMA

Name of New Formation COUNCIL GROVE

Elevation: Ground 3043 FT. KB 3057 FT.

SECTION PLAT

K.C.C. OFFICE USE ONLY

F ☐ Letter of Confidentiality Attached
C ☐ Wireline Logs 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 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 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 B. R. Maynard B. R. MAYNARD Title REGULATORY COMPLIANCE MANAGER Date 2-28-89

Subscribed and sworn to before me this 28th day of March 19 89

Notary Public Lance George Date Commission Expires 1/3/91

Operator Name MOBIL OIL CORPORATION Lease Name FLETCHER UNIT Well # 2
Sec 16 Twp 28S Rge 34 XX East
County HASKELL

RECOMPLETION FORMATION DESCRIPTION
XX Log _____ Sample

Name _____ Top _____ Bottom _____
UNCHANGED

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth		Type of Cement	# Sacks Used
	Top	Bottom		
<u>Perforate</u>	<u>UNCHANGED</u>			
<u>Protect Casing</u>				
<u>Plug Back TD</u>				
<u>Plug Off Zone</u>				

Shots Per Foot	PERFORATION RECORD	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	
<u>4 SPF</u>	<u>2944'-2961'</u>	<u>ACIDIZED W/2000 GAL 15% HCL.</u>
		<u>FLUSHED W/3005 GALS 2% KCL WATER</u>
		<u>FRAC'D W/29820 GALS 30# GEL AND 36900 LBS SAND</u>

PBTD 4570 FT. Plug Type CIBP

TUBING RECORD:

Size 2-3/8" Set At 3018 FT. Packer At NONE FT. Was Liner Run Y XX N
Date of Resumed Production, Disposal or Injection 11/23/88
Estimated Production Per 24 Hours: _____ bbl/oil _____ bbls/water
_____ MCF gas _____ gas-oil ratio