

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

API NO. 15- 175-10125

County Seward

C SW SW Sec 36 Twp 33S Rge 31 X East West

Operator: License # 4742
Name Texaco, Inc.
Address P.O. BOX 2420
City/State/Zip Tulsa, Ok 74102

660 Ft from South Section Line
4620 Ft from East Section Line
(Note: Locate well in section plat below)

Purchaser _____

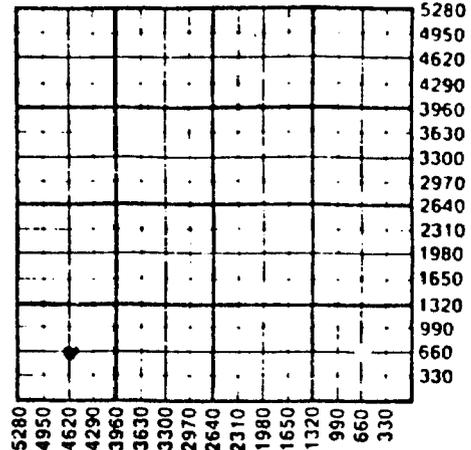
Lease Name Gene Black Well # 3

Field Name Kismet

Name of New Formation _____

Elevation: Ground 2720' KB 2728 1/2'
Section Plat

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: 03-09-62

DATE OF RECOMPLETION:
05-25-88 07-18-88
Commenced Completed

Designate Type of Recompletion/Workover:
 Deepening Delayed Completion
 Plug Back Re-perforation
 Conversion to Injection/Disposal

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)

Is recompleted production:
 Commingled; Docket No. _____
 Dual Completion; Docket No. _____
 Other (Disposal or Injection)?

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 N. E. Morton District Manager Date 9/21/88
Subscribed and sworn to before me this 23rd day of September 19 88
Notary Public Deborah M. Coburn Date Commission Expires 8-3-92

Operator Name PLACER, Inc. Lease Name Gene Black Well # 3

Sec 36 Twp 33S Rge 31 East West County Seward

RECOMPLETED FORMATION DESCRIPTION:

Log Sample

<u>Name</u>	<u>Top</u>	<u>Bottom</u>
St. Genevieve	5806	5838
St. Louis	5846	5912

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	# Sacks Used	Type & 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	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)
	Specify Footage of Each Interval Perforated	

PBTD 5929' Plug Type _____

TUBING RECORD:

Size 2³/₈" Set At 5715' Packer At 5729' Was Liner Run? Y N

Date of Resumed Production, Disposal or Injection 07-18-88

Estimated Production Per 24 Hours _____ bbl/oil _____ bbl/water
 _____ MCF gas _____ gas-oil ratio