

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
 XX New Re-Entry Workover

 Oil SWD Temp Abd
 XX Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

Date of Original Completion: 9-26-84

DATE OF RECOMPLETION
4-20-88 5-4-88
Commenced Completed

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

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

API No. 15- 189-20746 - 0001

COUNTY STEVENS
C SE Sec 19 Twp 33S Rge 37 W East

1494.8 Ft North from Southeast Corner of Section
1378.1 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

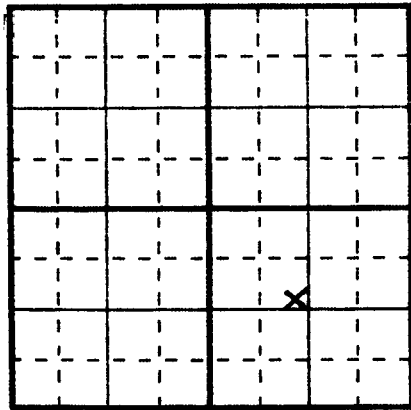
Lease Name COULTER #3 UNIT WELL # 5

Field Name GENTZLER

Name of New Formation MORROW

Elevation: Ground 3144' FT. KB 3160' FT.

SECTION PLAT



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Logs Received
C Drillers Timelog Received

Distribution
 SWD/Rep N6PA
 Plug Other (Specify)

KCC
KGS

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 ENGINEER Date 10-7-88

Subscribed and sworn to before me this 7th day of October 19 88

Notary Public Alanna Skinner Date Commission Expires June 8, 1990

Operator Name MOBIL OIL CORPORATION Lease Name COULTER #3 UNIT Well # 5

Sec 19 Twp 33S Rge 37 XX West East
 County STEVENS

RECOMPLETION FORMATION DESCRIPTION

XX Log _____ Sample

Name	Top	Bottom
WINFIELD	2673'	
COUNCIL GROVE	2890'	
WABAUNSEE	3310'	
HEEBNER	4131'	
LANSING	4266'	
MARMATON	4973'	
CHEROKEE	5187'	
MORROW	5712'	
L. MORROW	6028'	
MISSISSIPPIAN	6160'	

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	# Sacks Used	Type & Percent Additives
	Top	Bottom			
<u>Perforate</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>3 SPF</u>	<u>6030'-6036'</u>	<u>ACIDIZED W/1000 GALS 7.5% HCL</u>
<u>4 SPF</u>	<u>6065'-6073'</u>	<u>ACIDIZED W/1920 GALS 7.5% MSR-150</u>

PBTD 6205 FT. Plug Type CIBP

TUBING RECORD:

Size _____ Set At _____ FT. Packer At _____ FT. Was Liner Run Y XX N

Date of Resumed Production, Disposal or Injection WAITING ON COMPRESSOR

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