

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

Operator: License # 06120  
Name Cabot Petroleum Corporation  
Address P. O. Box 9999  
City/State/Zip Amarillo, TX 79105

Purchaser Williams Natural Gas  
Operator Contact Person John Papso  
Phone 806/371-3165

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: 10/20/50  
DATE OF RECOMPLETION:  
12/14/88 1/4/89  
Commenced Completed

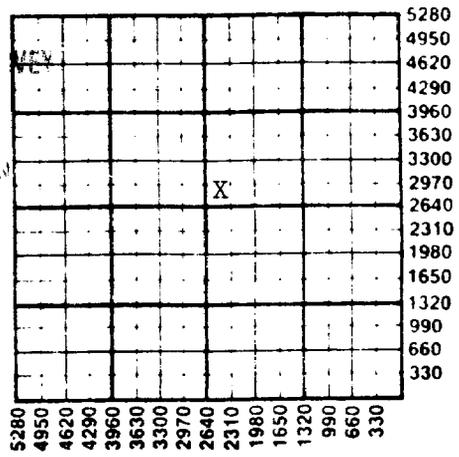
Designate Type of Recompletion/Workover:  
 Deepening  Delayed Completion  
 Plug Back  Re-perforation  
 Conversion to Injection/Disposal

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

API NO. 15- \_\_\_\_\_  
County Seward  
SW SW NE Sec 11 Twp 34S Rge 34  East  West  
2970 Ft North from Southeast Corner of Section  
2310 Ft West from Southeast Corner of Section  
(Note: Locate well in section plat below)

Lease Name Adamson Well # 1  
Field Name Hugoton

Name of ~~NEW~~ Formation Chase  
Elevation: Ground 2890' KB 2901  
Section Plat



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 prior to or with this form for approval of commingling or dual completions. Submit CP-4 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 Evelyn [Signature] Title Agent Date 1/31/89  
Subscribed and sworn to before me this 31 day of January 19 89  
Notary Public [Signature] Date Commission Expires 12/22/92

**SIDE TWO**

Operator Name Cabot Petroleum Corporation Lease Name Adamson Well # 1

Sec 11 Twp 34S Rge 34  West  East County Seward

**RECOMPLETED FORMATION DESCRIPTION:**

\_\_\_\_\_ Log \_\_\_\_\_ Sample

Name Top Bottom

N/A

**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
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)
<u>1 SPF</u>	<u>2735'-2740'</u>	<u>2000 gal. 15% HCL</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PBTD \_\_\_\_\_ Plug Type \_\_\_\_\_

**TUBING RECORD:**

Size 1 1/2" Set At 2772' Packer At N/A Was Liner Run?  Y  N

Date of Resumed Production, Disposal or Injection 1/4/89

Estimated Production Per 24 Hours 0 bbl/oil 26 bbl/water

125 MCF gas 0 gas-oil ratio