

SIDE ONE

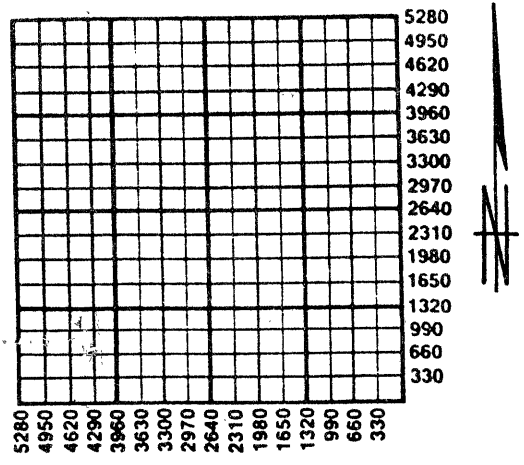
STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
RECOMPLETION FORM
ACO-2 AMENDMENT TO WELL HISTORY

Operator: License # 8981
Name: LESTER-L-CHAMBERS
Address: 310-EAST-ASH
City/State/Zip: BERLIN-73-67749
Purchaser: Koch-Oil-Co
Operator Contact Person:
Phone: (913) 475-3468

Designate Type of Original Completion
 New Well Re-Entry Workover
Date of Original Completion 9-13-72
Name of Original Operator Abernethy
Original Well Name Chambers #3
Date of Recompletion:
10-13-89 Commenced 10-15-89 Completed
Re-entry Workover

Designate Type of Recompletion/Workover:
 Oil 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. _____
 Other (Disposal or Injection?) Docket No. _____

API NO. 15- 039-X20-239-00-01
County DECATUR
NE SW Sec. 29 Twp. 3 Rge. 24 East West
2240 Ft. North from Southeast Corner of Section
2240 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)
Lease Name CHAMBERS Well # 1
Field Name LESTER
Producing Formation KC
Elevation: Ground 2550 KB 2558



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 or ACO-5 prior to or with this form for approval of commingling or dual completions. Submit CP-1 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 Lester L. Chambers Title Owner Date _____
Subscribed and sworn to before me this 3/14 day of MAY 1990
Notary Public: R. J. Metcalf Date Commission Expires 4/13/93

Operator Name LESTER-CHAMBERS SIDE TWO Lease Name LESTER Well # 1
 Sec. 29 Twp. 1 Rge. 26 East West County DECATUR

RECOMPLETION FORMATION DESCRIPTION

Log Sample

Name	Top	Bottom
LESTER-FIELD	3330	3340
TORONTO	3340	3348
A ZONE	3364	3370
B ZONE	3378	3380
C ZONE	3414	3426
D ZONE	3444	3448
E ZONE	3484	3488
F ZONE	3501	3507

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			
<input type="checkbox"/> Perforate	3501	3507			
<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		
4	3501-3507		med acid

PBTD _____ Plug Type _____

TUBING RECORD

Size 2 7/8 Set At 3600 Packer At NONE Was Liner Run N/O Y _____ N _____
 Date of Resumed Production, Disposal or Injection 10-15-89
 Estimated Production Per 24 Hours Oil 10 Bbls. Water 5 Bbls. Gas-Oil-Ratio _____
 Gas NOT MEASURABLE

Disposition of Gas:

Vented Sold Used on Lease (If vented, submit ACO-18.)