

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

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

Purchaser Koch

Operator Contact Person N.E. Morton
Phone (918) 560-6314

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: 04-08-60

DATE OF RECOMPLETION:

05-15-88 05-21-88
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- ~~15-153-30020-01~~ 15-153-05258-00-01

County Rawlins

C NE NE Sec 20 Twp 1S Rge 32 East West

4620 Ft North from Southeast Corner of Section
660 Ft West from Southeast Corner of Section

(Note: Locate well in section plat below)

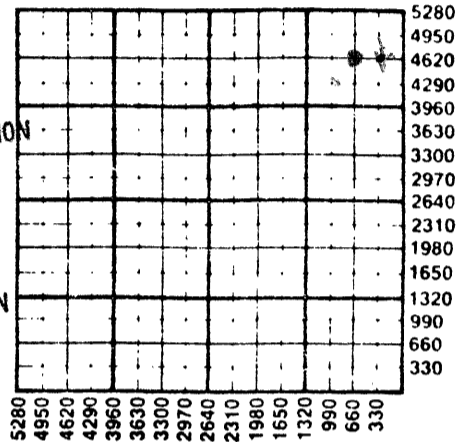
Lease Name Wilhelm Unit Well # 3

Field Name Wilhelm

Name of New Formation Lansing-Kansas City'D'

Elevation: Ground 2992' KB 3000'

Section Plat



RECEIVED
STATE CORPORATION COMMISSION
10-17-88
OCT 17 1988
CONSERVATION DIVISION
Wichita, Kansas

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)
.....
.....
10-17-88 X(4)

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 [Signature] Title District Comm Engr. Date 10/13/88
Subscribed and sworn to before me this 13th day of October 19 88
Notary Public [Signature] Date Commission Expires 8/3/92

SIDE TWO

Operator Name Texaco, Inc. For Texaco Producing, Inc. Lease Name Wilhelm Unit Well # 3
 Sec 20 Twp 1S Rge 32 East West County Rawlins

RECOMPLETED FORMATION DESCRIPTION:

Log Sample

Name	Top	Bottom
Lansing-Kansas City'D'	3973'	3976'
Lansing-Kansas City'G'	4003'	4010'

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>3</u>	<u>3973-3976'</u>	<u>250 Gals 15%NE</u>
	<u>4003-4010'</u>	<u>250 Gals 15%NE</u>
	<u>Previously Producing</u>	

PBTD 4050' Plug Type CIBP

TUBING RECORD:

Size 2³/₈" Set At 4011' Packer At _____ Was Liner Run? Y N

Date of Resumed Production, Disposal or Injection 05-21-88

Estimated Production Per 24 Hours 10 bbl/oil 41 bbl/water

_____ MCF gas _____ gas-oil ratio

