SIDE ONE

OLL & AS CONSERVATION DIVISION RECOMPLETION FORM ACD-2 AMENDMENT TO MELL HISTORY County Phillips SE NE NW sec. 20 Twp. 45 Rge. 18 X Less SE NE NW sec. 20 Twp. 45 Rge. 18 X Less County Phillips SE NE NW sec. 20 Twp. 45 Rge. 18 X Less County SE NE NW sec. 20 Twp. 45 Rge. 18 X Less Elsie Jackson well # 4 WSW Fit locate well in section plat below.) Fit less from Southeast Corner of Section (NOTE: Locate well in section plat below.) Fit less from Southeast Corner of Section (NOTE: Locate well in section plat below.) Fit less from Southeast Corner of Section (NOTE: Locate well in section plat below.) Fit less from Southeast Corner of Section (NOTE: Locate well in section plat below.) Fit less from Southeast Corner of Section (NOTE: Locate well in section plat below.) Fit less from Southeast Corner of Section (NOTE: Locate well in section plat below.) Fit less from Southeast Corner of Section (NOTE: Locate well in section plat below.) Fit less from Southeast Corner of Section (NOTE: Locate well in section plat below.) Fit less from Southeast Corner of Section (NOTE: Locate well in section plat below.) Fit less from Southeast Corner of Section (NOTE: Locate well in section plat below.) Fit less from Southeast Corner of Section (NOTE: Locate well in section plat below.) Fit less from Southeast Corner of Section (NOTE: Locate well in section plat below.) Fit less from Southeast Corner of Section (NOTE: Locate well in section plat below.) Fit less from Southeast Corner of Section (NOTE: Locate well in section plat below.) Fit less from Southeast Corner of Section (NOTE: Locate well in section plat below.) Fit less from Southeast Corner of Section (NOTE: Locate well in section plat below.) Fit less from Southeast Corner of Section (NOTE: Locate well in section plat below.) Fit less from Southeast Corner of Section (NOTE: Locate well in section plat below.) Fit less from Southeast Corner of Section (NOTE: Locate well in section plat below.) Fit less from Not Members Eases Name	STATE CORPORATION COMMISSION OF KANSAS	API NO. 15- N/A 147-01003-00-01
Operator: License # 52.52 Name: R. P. Nixon Operations, Inc. Address: 207 West 12th St. City/state/Zip: Hays, KS 67601 Purchaser: Permian Operator Contact Person: Dan A. Nixon Phone: (913.) 628-3834 Designate Type of Original Completion X New Well Re-Entry Workover Date of Original Operator T. W. Jackson Original Well Name Elsie #4 Jackson Date of Recompletion: 04-08-91 O4-10-91 Completed OA-08-91 Oesignate Type of Recompletion/Workover: OBSE NE NW sec. 20 Twp.48 Rge. 18 X best 2970 Ft. North from Southeast Corner of Section (NOTE: Locate well in section plat below.) Elsie Jackson well #4 WSW Field Name Elsie Jackson well #4 WSW Field Name Elevation: Ground 1912' Kg 1917' Morkover Date of Original Operator T. W. Jackson Original Well Name Elevation: Ground 1912' Kg 1917' Morkover Date of Recompletion: 04-08-91 O4-10-91 Completed OA-08-91 Observation Observation Observation Designate Type of Recompletion/Workover: Oil SNO Gas Inj Delsyed Comp. Designate Type of Recompletion/Workover: Oil SNO Designate Type of Recompletion/Wo	RECOMPLETION FORM	County Phillips
Name: R.P. Nixon Operations, Inc. Address: 207 West 12th St City/state/Zip: Hays, KS 67601 Purchaser: Permian Operator Contact Person: Dan A. Nixon Phone: Q13 1628-3834 Designate Type of Original Completion X. New Well Re-Entry Workover Date of Original Operator. T.W. Jackson Original Well Name Elsie #4 Jackson Original Well Name Elsie #4 Jackson Original Workover Other Completed Other Completed Other Conversion to Injection/Disposal Is recompleted production: Distribution Distribution VKCC SU0/Rep NorA Other Completed Other Completed Distribution Di	ACO-2 AMENDMENT TO WELL HISTORY	SE NE NW sec. 20 Twp.4S Rge. 18 X West
Name: R.P. Nixon Operations, Inc. Address: 207 West 12th St City/state/Zip: Hays, KS 67601 Purchaser: Permian Operator Contact Person: Dan A. Nixon Phone: Q13 1628-3834 Designate Type of Original Completion X. New Well Re-Entry Workover Date of Original Operator. T.W. Jackson Original Well Name Elsie #4 Jackson Original Well Name Elsie #4 Jackson Original Workover Other Completed Other Completed Other Conversion to Injection/Disposal Is recompleted production: Distribution Distribution VKCC SU0/Rep NorA Other Completed Other Completed Distribution Di	Operator: License # 5252	2970 Ft. North from Southeast Corner of Section
Address: 207 West 12rh St City/State/Zip: Hays, KS 67601 Purchaser: Permian Operator Contact Person: Dan A. Nixon Phone: (913) 628 - 3834 Designate Type of Original Completion X New Well Re-Entry Workover Date of Original Operator T.W. Jackson Original Well Name Elsie #4 Jackson Original Well Name Elsie #4 Jackson Original Workover Date of Recompletion: 04-08-91 Completed Completed Completed Completed ONAN 28 1991 Designate Type of Recompletion/Workover: Oli Gas Inj Delayed Comp. Dry X Other (Core, Water Supply, etc.) Depening X Re-perforation (Dakota) Plug Back PBTD Is recompleted production: Commingled Docket No. Lease Name Elsie Jackson Well #4 WSW Elson Dakota Elevation: Ground 1912' KB 1917' MS 1991 Field Name Stoneman Producing Formation Dakota Elevation: Ground 1912' KB 1917' MS 1990 4290 9360 4290 9360 4290 9360 4290 9360 4290 9360 4290 9360 4290 9360 4290 9360 4290 9360 4290 9360 4290 9360 4290 9360 4290 9360 4290 9360 4290 9360 4290 9370 4290 930 930 930 930 930 930 930	Name: R.P. Nixon Operations, Inc.	4290 Ft. West from Southeast Corner of Section
Purchaser: Permian Operator Contact Person: Dan A. Nixon Phone: (913) 1628-3834 Designate Type of Original Completion X New Well Re-Entry Workover Date of Original Completion Original Deprator T.W. Jackson Original Well Name Elsie #4 Jackson Original Well Name Elsie #4 Jackson Original Workover Od-08-91 Completed O4-10-91 TECORPORATION Wichita, Wansas Oil Suo Temp. Abd Wichita, Wansas		No. 1
Producing Formation Dakota Operator Contact Person: Dan A. Nixon Phone: (913_) 628_3834 Designate Type of Original Completion X New Well Re-Entry Workover Date of Original Completion Original Well Name Elsie #4 Jackson Original	Cîty/State/Zip: <u>Hays, KS 67601</u>	
Operator Contact Person: Dan A. Nixon Phone: (913) 628-3834 Designate Type of Original Completion X New Well Re-Entry Workover Date of Original Completion Original Operator T. W. Jackson Original Well Name Elsie #4 Dackson Date of Recompletion: 04-08-91 Completed STATE CORPORATION Designate Type of Recompletion/Horkover: Office Completed STATE CONSERVATION Designate Type of Recompletion/Horkover: Operator Contact Person: Ban A. Nixon FECEIVED OMMISSION DIVISION Designate Type of Recompletion/Horkover: Operator Contact Person: Ground 1912' KB 1917' KB 1917' KB 1917' KB 1917' KB 1917' KB 1917' Apply Salon Operator Contact Person: Ground 192' KB 1917' KB 1917' KB 1917' KB 1917' KB 1917' Apply Salon Operator Contact Person: Ground 192' KB 1917' Apply Salon Operator Contact Person: Ground 192' KB 1917' KB 1917' KB 1917' Apply Salon Operator Contact Processing Apply A	Purchaser: Permian	
Name of Original Completion	Operator Contact Person: Dan A. Nixon Phone: (913) 628-3834	
Other (Disposal or Injection?)	X New Well Re-Entry Workover	1991 1980
	apply. Information on side two of this form will be held co and submitted with the form. See rule 82-3-107 for confiden wireline logs and driller's time logs (not previously submit prior to or with this form for approval of commingling or du	of the recompletion of any well. Rules 82-3-107 and 82-3-141 infidential for a period of 12 months if requested in writing itiality in excess of 12 months. One copy of any additional ted) shall be attached with this form. Submit ACO-4 or ACO-5 all completions. Submit CP-1 with all plurged wells.
perby 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. MOTE: Conversion of wells to either disposal or injection	A le le statements herein are complete and correct to the	e best of my knowledge.
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.	6/11	
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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. MOTE: 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. Title Resident Date May 24, 1991 and subscribed and sworp to before me this 24th day of May 19 91	Lorna M Herrman	Date Commission Expires LORNA M. HERRMA NOTARY PUBLIC STATE OF KANSA

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			SIDE THO	•	* ************************************			
Operator Name R.F	•		nc. Lease Name	Elsie Jackson	well#_4 WSW			
Sec. <u>20</u> Twp. <u>4S</u>	_ Rge. 18	East West	County	Phillips				
	•	RECOMPLET	TION FORMATION DE	ESCRIPTION	·			
X Log Sample								
Name				Тор	Bottom			
Hee Tor Lar B/K Cor Art	ng Duckle Anite			2876' 3075' 3101' 3116' 3343' 3453' 3478' 3488' 3491'				
Proc. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10		ADDITIONAL C	EMENTING/SQUEEZE	RECORD	•			
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Perc	ent Additives			
Perforate X Protect Casing Plug Back TD Plug Off Zone	589 594	Common	200	3% CC				
Shots Per Foot	Specify Footage of	PERFORATION RECORD			, Cement Squeeze Record of Material Used)			
20	589-594'							
16	590-594'							
PBTD	Plu	ig Type						
Size 2 3/8" Set At 550			TUBING RECORD	Was Liner	Run YX N			
Date of Resumed Produ Estimated Production				200 Bbls.	0 011 5			
	G	as	Mcf	BDIS	Gas-Uil-Ratio			
Wented Sold	Used on Leas	e (If vented, s	ubmit ACO-18.)					



FINAL DISP. PRESS:

Form No. SR 0502 (Rev. 3/90) Note: Must accompany job ticket. PSI

BUMP PLUG TO

P.O. Box 4442 Houston, Texas 7

CEMENTING OG RIGINARIO

Date 4/- 3	Distri	ict HA7	_{تا} ک	cket No. 277	202	Spacer Type:
Company R. Lease	C.N.		2R	ig Daylor Jell No. 4 WS	1	AmtSks Yieldft³/sk DensityPPG
County	2:11.00			tate P		
Location				eld		LEAQ: Pump Timehrs. Type
110	11/1	F 6/9	de			Common 3/0 Excess
CASING DATA:	PT	A □ Squ	ieeze 🗗			Amt. 210 Sks Yield ft³/sk Density PPG
Surface [•		ction 🗆		*	TAIL: Pump Timehrs. Type
				Collar		Excess
	. , , , , , , , , , , , , , , , , , , ,	.,,,,,				AmtSks Yieldft³/sk DensityPPG
			-			WATER: Leadgals/sk Tailgals/sk TotalBbls.
Casing Depths: 1	Top	A. Militaria III et el la companya de la companya d	Bottom			Pump Trucks Used 46029 - Plan
3 -,- F ,						Bulk Equip. 2035 - Carl
, Acres	3		,	. 4.		
***	1					
Drill Pipe: Size_	, , , , , , , , , , , , , , , , , , , ,	Weight_	٠٠١	Collars		
Open Hole: Size	1 fat					Float Equip Magnifectures
CAPACITY FACTO	ORS:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	n.	P.B. to		Float Equip: Manufacturer Depth Depth
Casing:		0/62	i lin Å	Bbl		Float: Type Depth
Open Holes:				Bbl		,
Drill Pipe:						Centralizers: Quantity Plugs Top 1 Btm.
	Bbls/Linj. It.		LIII. 16.41	3bl	•	Stage Collars
Annulus:				361 361.		Special Equip.
	–					Disp. Fluid Type Amt Bbls. Weight PPG
Perforations: F	rom	ft to		ft, Amt		Mud Type WeightPPG
TIME	PRESSU	RES PSI	FLU	JID PUMPED I		CEMENTER BUR. LEKam
AM/PM	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	NEIVIANAS
			·			party at 589
						Topo o
` '				ĺ		Packer at 452
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BLEEDBACK

BBLS.

THANK YOU