

ORIGINAL

15-147-19119-00-01

SIDE ONE

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

API NO. 15- 147-97527

County Phillips
approx.

NE NE SE/4 Sec. 31 Twp. 5S Rge. 20 East West

2310 Ft. North from Southeast Corner of Section

350 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Lease Name Johnson B Well # 3

Field Name Ray

Producing Formation Reagan

Elevation: Ground 2161 KB Unknown

Operator: License # 5447

Name: OXY USA, Inc.

Address: P.O. BOX 26100

City/State/Zip: OKLA. CITY, OK 73126-0100

Purchaser: CITGO

Operator Contact Person: Raymond Hui
Phone: (405) 749-2471

Designate Type of Original Completion
 New Well Re-Entry Workover

Date of Original Completion 1-7-1941

Name of Original Operator OXY USA, INC.

Original Well Name Johnson B #3

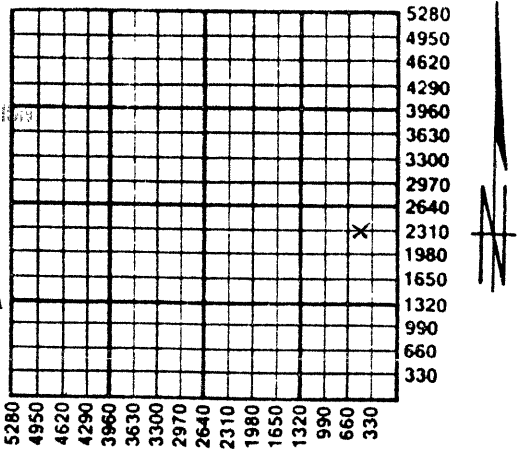
Date of Recompletion: 12-11-90 1-19-91

Commenced 12-11-90 Completed 1-19-91

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 PBTB
 Conversion to Injection/Disposal

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



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 Vic Tumlinson Title Operations Drilling Manager Date 1-23-91

Subscribed and sworn to before me this 23rd day of January 1991

Notary Public Kay Ann Kilmer Date Commission Expires 4-16-94

SIDE TWO

Operator Name OXY USA, Inc. Lease Name Johnson B Well # 3
 Sec. 31 Twp. 5S Rge. 20 East
 West County Phillips

RECOMPLETION FORMATION DESCRIPTION

Log Sample

Name	Top	Bottom
Reagan	3562	3570
TD		3603
PBTD		3596

Ran Dual Induction/GR from TD 3603' to 3564'. Ran Linear Single Detector Neutron/GR/CCC from TD to 2800' Ran Spectralog from TD to 2800'.

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			
<input checked="" type="checkbox"/> Perforate					
<input type="checkbox"/> Protect Casing					
<input type="checkbox"/> Plug Back TD	3562	3570	Spotted 50	sx C1.A cmt	+ 1% HALAD-9
<input type="checkbox"/> Plug Off Zone					
			Ran 3 1/2"	lines from	3540-3603

Shots Per Foot	PERFORATION RECORD		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)
	Specify Footage of Each Interval Perforated		
4	3562-3566'		Spotted 500 gal. 15% NE-FE at 3574'

PBTD 3596 Plug Type Cement Plug

TUBING RECORD

Size 2 7/8" Set At 3450 Packer At _____ Was Liner Run Y _____ N

Date of Resumed Production, Disposal or Injection 1-10-91

Estimated Production Per 24 Hours Oil 8 Bbls. Water 101 Bbls. Gas-Oil-Ratio _____

Gas - Mcf

Disposition of Gas:

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