SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS	LADY NO. 15- 163-22918-190-01
OIL & GAS CONSERVATION DIVISION RECOMPLETION FORM	API NO. 15- /63-22918-00-01
2100°	100ft SE SE sec. 23 Twp. 6 Rge. 20 X West
Operator: License # 4116	
Name: Stice Oil Company	Ft. West from Southeast Corner of Section (NOTE: Locate well in section plat below.)
Address: Rt. #2, Box #65	
City/State/Zip: Stockton, Ks. 67669	Lease Name Probasco Well # 16-23X
Purchaser: Farmland	Producing Formation Arbuckle
Operator Contact Person; 425-7240 Phone:(913)	Elevation: Ground <u>2150</u> KB <u>2155</u>
Designate Type of Original Completion New Well Re-EntryX Workover	5280 4950
Date of Original Completion6/5/87	4620
Name of Original Operator Advantage Resources	EIVED 3960 3630 3300
Original Well Name Probasco B 16-23X STATE CORPOR	2970 2640
Date of Recompletion:	0.3.49.91
1/18/91 1/18/91 Completed CONSER	(ATION DIVISION 1320
Consenced Completed CONSER	nita, Kansas 990
Re-entry Workover X	660
Designate Type of Recompletion/Workover:	25.24.4.4.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.
OilSWDTemp. AbdGasInjDelayed CompDryOther (Core, Water Supply, etc.)	24 4 4 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Gas Inj Delayed Comp. Dry Other (Core, Water Supply, etc.)	6
other (core, water supply, etc.)	K.C.C. OFFICE USE ONLY F Letter of Confidentiality Attached
Deepening Re-perforation	C Wireline Log Received
Y Plug Back 3645 PBTD Conversion to Injection/Disposal	C Drillers Timelog Received
	Distribution
Is recompleted production:	KCCSWD/RepNGPA
Commingled Docket No.	KGS Plug Other
Dual Completion Docket No.	(Specify)
Other (Disposal or Injection?)	
Docket No.	
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 onfidential for a period of 12 months if requested in writing attailty in excess of 12 months. One copy of any additional sted) shall be attached with this form. Submit ACO-4 or ACO-5
All requirements of the statutes, rules and regulations promule	gated to regulate the oil and gas industry have been fully complied
with and the statements herein are complete and correct to the	e best of my knowledge.
Signature Student Title	Operator Date 5-31-91
Subscribed and sworn to before me this day of	may 19 9/
Notary Public Satricia Courk	Patricia Cook
N C	TARY PUBLIC State of Kunsas PPT. Expires 4-17-92 TARY PUBLIC FORM ACO-2 7/89

	Rige20	ninns East STO STO	County Ro	Probasco B	
		West ਨੂੰ	county	OAS .	5 LL 1,
· ·		RECOMPLET	ION FORMATION DES	SCRIPTION THOUGHOUS T	to mitting
Log Name		Log Sam	Sample - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12		
er Fried Steff					
Pumped cemen	nt with rubb	er plug		ode	5645 54 - 956
				y	
			. 3	and a second	·, ·
				ME LING G	grand to the same of
·		ADDITIONAL C	EMENTING/SQUEEZE	RECORD	
rpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and I	Percent Additives
Perforate Protect Casing	3645	comm/	50		·
Plug Back TD Plug Off Zone					
•					
Shots Per Foot	Specify Footage	PERFORATION RECOR of Each Interval		Acid, Fracture, (Amount and I	Shot, Cement Squeeze Record Kind of Material Used)
	None				
				4	
D	Pl	ug Type <u>Cem</u>	ent		•
			TUBING RECORD		•
e none	Set At		Packer At	Was L	iner RunY X
e of Resumed Produ					
					Gas-Oil-Rat
		Gas <u>O</u>			
position of Gas:		i e e e e e e e e e e e	firat &	_	