ORIGINAL

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS	API NO. 15- 065-22,498-00-0
OIL & GAS CONSERVATION DIVISION RECOMPLETION FORM	County Graham
ACO-2 AMENDMENT TO WELL HISTORY	E/2 NE NE Sec. 7 Twp. 6S Rge. 21 X West
Operator: License #5004	4620 Ft. North from Southeast Corner of Section
Name: Vincent Oil Corporation	Ft. West from Southeast Corner of Section
Address: 100 No. Main, Suite 500	(NOTE: Locate well in section plat below.)
City/State/Zip: Wichita, Kansas 67202-1308	Lease Name Harvey Well # 5
Purchaser:	Field Name Boys West Extension
Texaco Trading & Transportation	Producing Formation Oread, Toronto, LKC
Operator Contact Person: Richard A. Hiebsch Phone: (316) 262-3573	Elevation: Ground 2201 KB 2209
Designate Type of Original Completion New Well Re-Entry X Workover	5280 4950 4620
Date of Original Completion 12-21-88	4290 3960
Name of Original OperatorVincent Oil Corp	3630
Original Well Name Harvey #5	2970 2640 N
Date of Recompletion:	2310
10-01-90 10-03-90 Completed	1650
Re-entry Workover	990 660 330
Designate Type of Recompletion/Workover: X Oil SWD Temp. Abd. Gas Inj Delayed Comp. Dry Other (Core, Water Supply, etc.) Deepening X Re-perforation Plug Back PBTD Conversion to Injection/Disposal Is recompleted production: X Commingled Docket No. Dual Completion Docket No. Other (Disposal or Injection?) Docket No. CCMS	K.C.C. OFFICE USE ONLY F Letter of Confidentiality Attached C Wireline Log Received C Drillers Timelog Received Distribution KCC SWD/Rep NGPA Plug Other (Specify)
INSTRUCTIONS: This form shall be completed in triplicate and Derby Building, Wichita, Kansas 67202, within 120 days apply. Information on side two of this form will be held or and submitted with the form. See rule 82-3-107 for confidence wireline logs and driller's time logs (not previously submit prior to or with this form for approval of commingling or details.	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 ntiality in excess of 12 months. One copy of any additional tted) shall be attached with this form. Submit ACO-4 or ACO-5
All requirements of the statutes, rules and regulations promule with and the statements herein are complete and correct to the signature Richard A. Hiebsch Subscribed and sworn to before me this JULIE K. STOUT NOTARY PUBLIC	Vice President Date 1-21-91
THE STATE OF 17-23-43	N/

SIDE TWO Vincent Oil Corporation
Operator Name Harvey Well # 5 Lease Name Sec. 7 Twp.6 S Rge.21 West Graham County __ RECOMPLETION FORMATION DESCRIPTION X Log Sample **Bottom** Top <u>Name</u> Oread L.S. 3384 3412 ADDITIONAL CEMENTING/SQUEEZE RECORD Purpose: Depth Type and Percent Additives Bottom Type of Cement # Sacks Used Perforate Protect Casing Plug Back TD _ Plug Off Zone Acid, Fracture, Shot, Cement Squeeze Record PERFORATION RECORD (Amount and Kind of Material Used) Specify Footage of Each Interval Perforated Shots Per Foot 450 gals. 15% MCA 3384-3390 feet PBTD N/A Plug Type _____ TUBING RECORD Size $\underline{27/8}$ Set At $\underline{3715}$ Packer At $\underline{N/A}$ Was Liner Run \underline{Y} X N Estimated Production Per 24 Hours Oil 90 Bbls. Water 5 Bbls. Gas-Oil-Ratio

Gas 0 Mcf

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

Disposition of Gas: