

ORIGINAL

SIDE ONE

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

Operator: License # 5474

Name: NORTHERN LIGHTS OIL CO., L.P.

Address: P.O. BOX 164

City/State/Zip: Andover, KS 67002

Purchaser: Clear Creek

Operator Contact Person:
Phone: (316) 733-1515

Designate Type of Original Completion
 New Well Re-Entry Workover

Date of Original Completion 12-7-77

Name of Original Operator Tomlinson Oil Co., INC

Original Well Name Morrison #1

Date of Recompletion:
9-13-90 9-15-90

Commenced Completed

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 PBD
 Conversion to Injection/Disposal

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

API NO. 15- 15-065-20,965-00-01

County GRAHAM

NE SE SE Sec. 31 Twp. 6S Rge. 25 xx East West

990 Ft. North from Southeast Corner of Section

330 Ft. West from Southeast Corner of Section

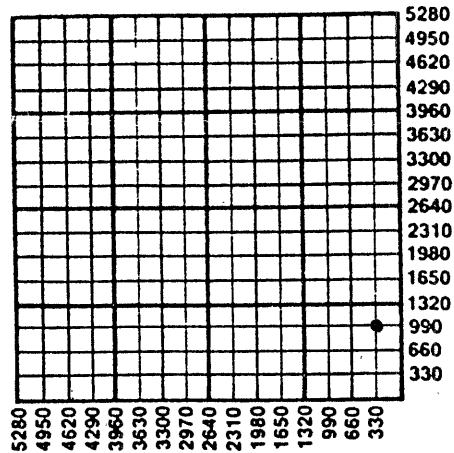
(NOTE: Locate well in section plat below.)

Lease Name MORRISON Well # 1

Field Name lindenman

Producing Formation LKC

Elevation: Ground 2574 KB 2577



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 Joh W. Smith Jr. Title General Partner Date 11-19-90

Subscribed and sworn to before me this 19th day of November

Notary Public [Signature] Date Commission Expires 7-3-1995

KURT L. SMITH
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 7-3-1993

NOV 20 1990 FORM ACO-2
11-20-90 7/89
CONSERVATION DIVISION
Wichita, Kansas

SIDE TWO

Operator Name Northern Lights Oil Co., L.P. Lease Name Morrison Well # 1

Sec. 31 Twp. 6S Rge. 25 East West

County Graham

RECOMPLETION FORMATION DESCRIPTION

Log Sample

Name	Top	Bottom
LKC	3670	3915

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	# Sacks Used	Type and 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 (Amount and Kind of Material Used)
	Specify Footage of Each Interval Perforated		
2	3706-3710		Treat all simultaneously
4	3718-3720		w/ 3000 Gal of 15% NE
2	3744-3748		w/Pen 88, CS, HIB, and
			35 Perf. Balls

PBTD 3902 Plug Type Casing Shoe

TUBING RECORD

Size 2 7/8 Set At 3842 Packer At ---- Was Liner Run Y N

Date of Resumed Production, Disposal or Injection Production Resumed 9-15-90

Estimated Production Per 24 Hours Oil 20 Bbls. Water 300 Bbls. Gas-Oil-Ratio
Gas _____ Mcf

Disposition of Gas:

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