ORIGINA LSIDE ONE

15-163-19107-00-01

API NO. 15- Not Assigned: Well was complete on 1/6/4

WHM 2/19/06

Rooks

STATE CORPORATION CO	MHISSION O	OF KANSAS						
OIL & GAS CONSERV	ATION DIVI	SION						
RECOMPLETION FORM								
ACO-2 AMENDMENT TO W	ELL HISTOR	LY						

VOO E WEEKNER! TO MEET HISTORY	CSW SE SE sec. 3 Twp. 8S Rge. 16 _x West
Operator: License # 5447	330 Ft. North from Southeast Corner of Section
Name: OXY USA, Inc.	990 Ft. West from Southeast Corner of Section
Address: P.O. BOX 26100	(NOTE: Locate well in section plat below.)
city/state/Zip: OKLA. CITY, OK 73126-0100	Lease Name Adams C Well # 2
Purchaser:	Field Name Laton .
CITGO	Producing Formation Shawnee
Operator Contact Person: Raymond Hui Phone:(405) 749-2471	Elevation: Ground 1963 KB 1966'
Designate Type of Original Completion	5280 4950
Date of Original Completion $1-6-49$	4620 4290
Name of Original Operator OXY USA, Inc.	3960 3630
Original Well Name Adams C #2 STATE CORPORATIO	N CUMMISSICE 2970
Date of Recompletion: 3-22-	1991
3-6-91 3-16-91 MAR 2 2	1650
Commenced Completed COMPLENTATION Re-entry Workover	N DIVISION 1320 990 660
Designate Type of Recompletion/Workover: X Oil SWD Temp. Abd. Gas Inj Delayed Comp. Dry Other (Core, Water Supply, etc.) Re-perforation X Plug Back 3287 PBTD 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
prior to or with this form for approval of commingling or dua CP-111 with all temporarily abandoned wells. NOTE: Conver approval before use; submit form U-1.	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 stiality in excess of 12 months. One copy of any additional sted) shall be attached with this form. Submit ACO-4 or ACO-5 at completions. Submit CP-1 with all plugged wells. Submit receive sion of wells to either disposal or injection must receive
Win The William Willia	
Subscribed and sworp to before me this 20th day of	Derations Drilling Managerate 3-20-91
otary Public are allows	
	Date Commission Expires
	FORM ACO-2

_			SIDE TWO					
Operator Name	XY USA, Inc.		Lease Na	me <u>Adams</u> C			Well # _2	
Sec. <u>23</u> Twp	On Dea In	East						
-		West	County _	Rooks				
		RECOMPL	ETION FORMATION	DESCRIPTION				
	logs have be	en run.	Log L	Sample				
<u>Na</u>	me		•	<u>Top</u>		<u> </u>	ottom	
Toj	peka			28	37	28	341	
P1a LKO	attsmouth C				97 52	30	001	
LILO	.			30	32	32	272	
	p_{μ}^{ν}							
			EMENTING (SOLETION		···			
urpose:	Depth	TOUT TOWAL C	EMENTING/SQUEEZ	E RECORD				
X Perforate	Top Bottom	Type of Cement	# Sacks Used	ļ T	ype and	Percent A	dditives	
Protect Casing X Plug Back TD	2837 2841	(No new cmt	. record)					
Plug Off Zone	2997 3001	(No new cmt	record)					
٠								
Shots Per Foot	Specify Feeters	PERFORATION RECORD)	Acid, Fr	acture.	Shot Com	ent Squeeze	
		of Each Interval P	erforated	(Amou	int and	Kind of Ma	aterial Use	d)
4	2837-2841			Treated T	opeka	w/500 g	gals. of	15% NE &
	-							
3287*								
	Plug	Type	ement Plug			-		
2 3/911	20		TUBING RECORD					
2 3/0	Set At32	Р	acker At		. Was Li	iner Run	ү	X
	,p	111Jection3.	-16-91			*		
mated Production I	Per 24 Hours Oi	5	Bbls. Water _	211 в	bls.		Gas-O	il-Ratio
osition of Gas:		s				es. M	*	
Vented		(If vented, sub						