

15-163-01649-00-02

ORIGINAL

SIDE ONE

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

API NO. 15- NA

County Rooks

C-W 1/2 NW SW Sec. 14 Twp. 9 Rge. 19 X East West

1980 Ft. North from Southeast Corner of Section

4950 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Lease Name Kaba Well # 6

Field Name Chandler

Producing Formation _____

Elevation: Ground 2072 KB 2076

Operator: License # 5635

Name: The Gene Brown Company

Address: Drawer 220

City/State/Zip: Plainville, Ks 67663

Purchaser: Farmland Industries

Operator Contact Person: _____
Phone: (913) 434-4811 Tom Brown

Designate Type of Original Completion
 New Well Re-Entry X Workover

Date of Original Completion _____

Name of Original Operator Phillips Petroleum

Original Well Name Kaba D-6

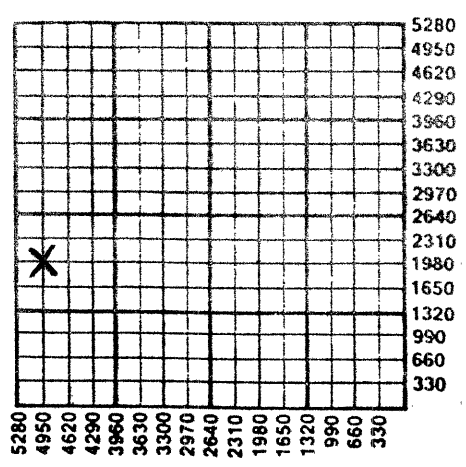
Date of Recompletion: _____

7-24-90 8-3-90
Commenced Completed

Re-entry Workover

Designate Type of Recompletion/Workover:
 Oil X SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)
X Deepening Re-perforation
 Plug Back PBD
 Conversion to Injection/Disposal

Is recompleted production:
 Commingled Docket No. _____
 Dual Completion Docket No. _____
X Other (Disposal or Injection?)
Docket No. D-14,255



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received
Distribution
X 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.

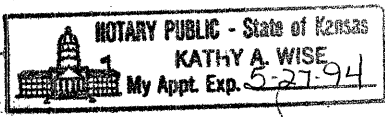
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature Thomas M Brown Title Development Sup. Date 9-10-90

Subscribed and sworn to before me this 10th day of September 1990

Notary Public Kathy A Wise Date Commission Expires May 27, 1994

SEP 12 1990
9-12-90



FORM ACO-2
7/89
PI

SIDE TWO

Operator Name The Gene Brown Company Lease Name Kaba Well # SWD #6

Sec. 14 Twp. 9 Rge. 19 East
 West

County Rooks

RECOMPLETION FORMATION DESCRIPTION

Log Sample

<u>Name</u>	<u>Top</u>	<u>Bottom</u>
Arbuckle	3500	3682

NOTE: This well was injecting lease water in upper Arbuckle 3500-50. It has been cemented off and the well deepened. With disposal of lease water from 3550-3682. M.I.T. was ran on well bore.

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			
	3500	3550	60/40poz	250	

Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)

PBTD _____ Plug Type _____

TUBING RECORD

Size 2½ Set At 3450 Packer At 3450 Was Liner Run Y X N

Date of Resumed Production, Disposal or Injection Sept. 20, 1990

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

Disposition of Gas:
 Vented Sold Used on Lease (If vented, submit ACO-18.)