

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

Operator: License # 5050
Name Hummon Corporation
Address 400 One Main Place
Wichita, KS 67202
City/State/Zip _____

Purchaser N/A

Operator Contact Person Byron E. Hummon, Jr.
Phone (316) 263-8521

Designate Type of Original Completion
 New Well Re-Entry Workover

 Oil SWD Temp Abd
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply etc.)

Date of Original Completion: April 22, 1983

DATE OF RECOMPLETION:
July 7, 1988 July 13, 1988
Commenced Completed

Designate Type of Recompletion/Workover:
 Deepening Delayed Completion
 Plug Back Re-perforation
 Conversion to ~~Injection/Disposal~~
dump flood injector
Is recompleted production:
 Commingled; Docket No. _____
 Dual Completion; Docket No. _____
 Other (Disposal or Injection)?

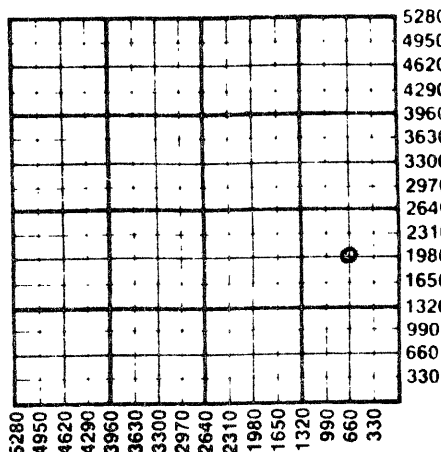
API NO. 15- 007-21,584-00-01
County Barber East
C NE SE Sec 35 Twp 31S Rge 11 West

1980 Ft North from Southeast Corner of Section
660 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

Lease Name Chapin Well # 1-35
Field Name Chapin Ranch

Name of New Formation Douglas Limestone

Elevation: Ground 1615 KB 1628
Section Plat

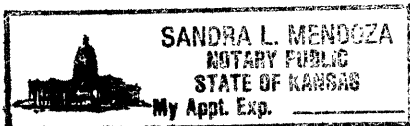


K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)
.....
.....
12-20-88

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 prior to or with this form for approval of commingling or dual completions. Submit CP-4 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 Byron E. Hummon, Jr. Title President Date 12/19/88
Subscribed and sworn to before me this 19th day of December 19 88
Notary Public Sandra L. Mendoza Date Commission Expires 2/13/90



RECEIVED
STATE CORPORATION COMMISSION
12/20/88
DEC 20 1988

FORM ACO-2
5/88

SIDE TWO

Operator Name Hummon Corporation Lease Name Chapin Well # 1-35
 Sec 35 Twp 31S Rge 11 East West County Barber

RECOMPLETED FORMATION DESCRIPTION:

_____ Log _____ Sample

Name Top Bottom

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	# Sacks Used	Type & 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
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)
_____	<u>3650 - 3660 / 3680 - 3684</u>	<u>1000 gals double-strength FE w/3% checkersol & /30% Xylene</u>
<u>4 SSB/ft.</u>	<u>3802 - 3822'</u>	<u>No stimulation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PBTD _____ Plug Type _____

TUBING RECORD:

Size _____ Set At _____ Packer At _____ Was Liner Run? Y N

Date of Resumed Production, Disposal or Injection _____.

Estimated Production Per 24 Hours _____ bbl/oil 300 bbl/water

_____ MCF gas _____ gas-oil ratio