

15-065-01023-00-02

SIDE ONE

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

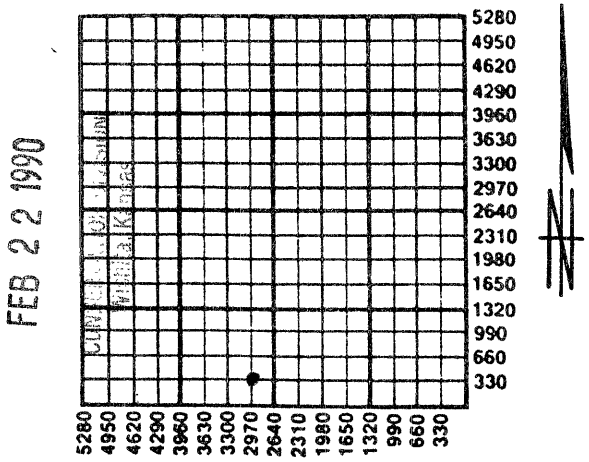
Operator: License # 3955
Name: K.V. Oil Company
Address: P.O. Box 25
City/State/Zip: Palco, Ks. 67657
Purchaser: Farmland Ind.
Operator Contact Person: Brett L. Yellon
Phone: (913) 737-4166

Designate Type of Original Completion
 New Well X Re-Entry Workover
Date of Original Completion 3-20-52
Name of Original Operator D.G. Hansen
Original Well Name Brown "A" No. 3
Date of Recompletion: 1-2-89
1-17-89
Commenced Completed

Re-entry ☒ Workover ☐
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:
 Commingled Docket No.
 Dual Completion Docket No.
 Other (Disposal or Injection?)
Docket No.

API NO. 15- 065-01-023
County Graham
SE SE SW Sec. 21 Twp. 9 Rge. 21 X East West
320 Ft. North from Southeast Corner of Section
2970 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)
Lease Name Gustafson Well # 1
Field Name Cooper Ext.
Producing Formation K.C. "A" Zone
Elevation: Ground 2298' KB Ground level



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 Brett L. Yellon Title Owner Date Feb. 19, 1990
Subscribed and sworn to before me this 21 day of February 19 90

Notary Public Kathlene M. Perrigo State of Kansas
My Appt. Exp. 10/31/93 Date Commission Expires October 31, 1993
P1 FORM ACO-2 7/89

SIDE TWO

Operator Name K. Y. O. I. Company Lease Name Gustafson Well # 1Sec. 31 Twp. 9 Rge. 21 ☐ East
☒ WestCounty Graham

RECOMPLETION FORMATION DESCRIPTION

☒ Log ☐ Sample

Name	Top	Bottom
K.C. Zone	3514'	3742'

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			

Shots Per Foot	PERFORATION RECORD	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)
	Specify Footage of Each Interval Perforated	
2	3514 - 3520	Acid 250 gal 15%
2	3556 - 3558	Acid 250 gal. 15%
2	3727 - 3728	Acid 250 gal. 15%

PBTD 3528' Plug Type 5 1/2" Cast Iron

TUBING RECORD

Size 2 3/8" Set At 3520 Packer At 3489 Was Liner Run Y X N

Date of Resumed Production, Disposal or Injection _____

Estimated Production Per 24 Hours Oil 6 Bbls. Water 50 Bbls. Ø Gas-Oil-RatioGas Ø Mcf

Disposition of Gas:

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