

ORIGINAL

SIDE ONE

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

Operator: License # 5616

Name: Calvin Noah

Address: 329 N. Birch

City/State/Zip: Valley Center, KS 67147

Purchaser: Clear Creek, Inc.

Operator Contact Person: Mark Noah
Phone: (913) 737-2891

Designate Type of Original Completion
 New Well Re-Entry Workover
Rotary 7/17/85

Date of Original Completion On Pump 8/27/85

Name of Original Operator Calvin Noah

Original Well Name Scoggins # 1

Date of Recompletion:

8/23/90 8/28/90
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- 163-22,717-0001

County Rooks

W/2 NE SE Sec. 18 Twp. 10 Rge. 19 East West

1980 Ft. North from Southeast Corner of Section

990 Ft. West from Southeast Corner of Section

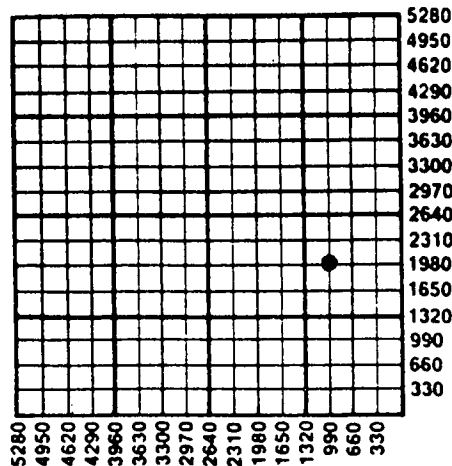
(NOTE: Locate well in section plat below.)

Lease Name Scoggins Well # 1

Field Name Marcotte

Producing Formation LKC-Arbuckle

Elevation: Ground 2203 KB 2211



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 and belief.

Signature Calvin Noah Title OPERATOR Date 12/8/90

Subscribed and sworn to before me this 8th day of December 19 90

Date Commission Expires 1-9-93

B. JOANN LANTERMAN
Notary Public
STATE OF KANSAS
MY APPT. EXPIRES 1-9-93

SIDE TWO

Operator Name Calvin Noah Lease Name Scoggins Well # 1

Sec. 18 Twp. 10 Rge. 19 East
 West

County Rooks

RECOMPLETION FORMATION DESCRIPTION

Log Sample

<u>Name</u>	<u>Top</u>	<u>Bottom</u>
Anhydrite	1638	1669
Topeka	3201	3411
Heebner	3411	
Toronto	3436	
Lansing	3450	
BKC	3658	
Cherty Congl.	3701	
Arbuckle	3764	3830
RTD	3830	

None						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		
1	3627	Attempted	Could not treat, pressure to 4000#
1	3620½	Limited Entry	Could not treat, Pressure to 4000#
1	3603	Treatment	Could not treat, Pressure to 4000#
Perf. 4 holes	total 3602-3605		900 Gallons 15% NE Acid, Max # 500 psi
4	3505-3506		250 gallons 15% NE Acid, Max # 500 psi
			Retreat 2000 gallons 15% CRA Acid

PBTD _____ Plug Type _____

TUBING RECORD

Size 2 7/8" Set At 3750 Packer At None Was Liner Run Y X N

Date of Resumed Production, Disposal or Injection 8/28/90

Estimated Production Per 24 Hours Initial
 Oil 19 Bbls. Water 150 Bbls. Gas-Oil-Ratio
 Incr. Pumping Rate Oil 40 Water 250
 Gas _____ Mcf

Disposition of Gas:
 Vented Sold None
 Used on Lease (If vented, submit ACO-18.)