

COPY ORIGINAL

099

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

API NO. 15- 009-22,509 0001

County Labette

Operator: License # 3234

Name: Uranus, Inc.

Address: 6520 W. 110th St, Ste. 106

City/State/Zip: Overland Park, KS 66211

Purchaser: N/A

Operator Contact Person: Larry Brown
Phone: (913) 345-8000

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

Date of Original Completion 10/18/81

Name of Original Operator Medley Gas & Oil

Original Well Name Foley 1-M

Date of Recompletion:

11-90

12-90

Commenced

Completed

Re-entry ☒ Workover ☐

Designate Type of Recompletion/Workover:

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

 Deepening Re-perforation
 Plug Back PBSD
XX Conversion to Injection/Disposal

Is recompleted production:

 Commingled Docket No.
 Dual Completion Docket No.
XX Other (Disposal or Injection?)
Docket No. applied for

Sec. 06 Twp. 35 Rge. 20 EE East
West

4290 Ft. North from Southeast Corner of Section

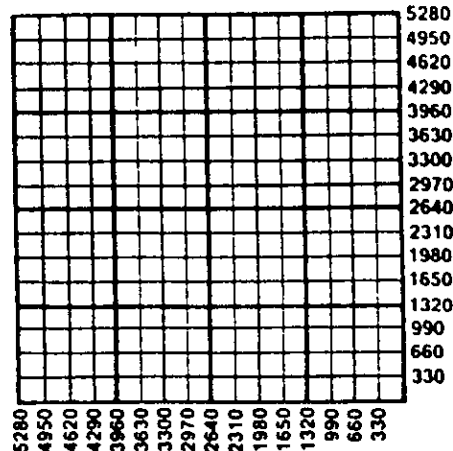
3960 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Lease Name Foley Well # 1-M

Field Name

Producing Formation

Elevation: Ground 1111 KB 1117



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 [Signature] Title Search, Inc. as agent Date

Subscribed and sworn to before me this 15th day of March 19 91

Notary Public Holly Guinard Date Commission Expires

HOLLY GUINARD
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 12-14-94

Operator Name Uranus, Inc. **SIDE TWO** 3443190 Boley Well # 1-M
Sec. 06 Twp. 35 Rge. 20 ☒ East ☐ West County Labette

RECOMPLETION FORMATION DESCRIPTION

☐ Log ☒ Sample

Name

Top

Bottom

see attached ~~driller's~~ log
Electric

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			
			NONE		

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

PBTD _____ Plug Type _____

TUBING RECORD

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

Date of Resumed Production, Disposal or Injection pending K.C.C. Approval

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.)