

ORIGINAL

SIDE ONE

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

330'

Operator: License # 9533

Name: Fairchild Exp. Inc.

Address: R.R. 3

City/State/Zip: Kingman, Kansas 67068

Purchaser: Peoples Natural Gas

Operator Contact Person:
Phone: (316) 532-3047

Designate Type of Original Completion
 New Well Re-Entry Workover

Date of Original Completion 2-9-87

Name of Original Operator Fairchild Exp. Inc.

Original Well Name Winters 1-7 SWD

Date of Recompletion:

10-10-91 Commenced 10-15-91 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- 077-21,148 0001

County Harper

SC SE NE Sec. 7 Twp. 32S Rge. 8 East West

2970 Ft. North from Southeast Corner of Section

660 Ft. West from Southeast Corner of Section

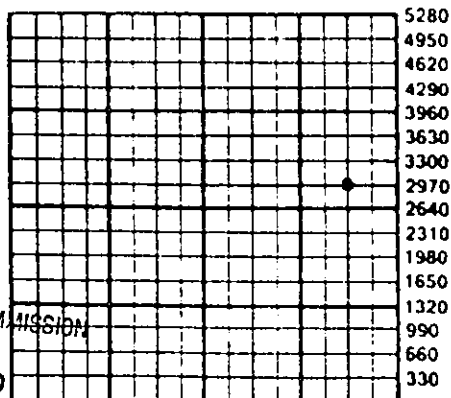
(NOTE: Locate well in section plat below.)

Lease Name Winters Well # 1-7

Field Name Unnamed

Producing Formation Miss.

Elevation: Ground 1514 KB 1519



RECEIVED
STATE CORPORATION COMMISSION
FEB 28 1992
CONSERVATION DIVISION
Wichita, Kansas

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 Jules Fairchild Title V. President Date 2-26-92
Subscribed and sworn to before me this 26th day of February 19 92
Notary Public Care Dawn Youngers Date Commission Expires 12-2-95



P1

SIDE TWO

Operator Name Fairchild Exp. Inc. Lease Name Winters 1-7 Well # 1-7

Sec. 7 Twp. 32S Rge. 8 East West

County Harper

RECOMPLETION FORMATION DESCRIPTION

Log Sample

Name Miss. Top 4406' Bottom

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		
4	4416-4417		

PBTD 4900 Plug Type Wire line plug

TUBING RECORD

Size 2 3/8 Set At 4400 Packer At _____ Was Liner Run Y X N

Date of Resumed Production, Disposal or Injection 12-10-91

Estimated Production Per 24 Hours Oil _____ Bbls. Water 20 Bbls. Gas-Oil-Ratio

Gas 20,000 Mcf

Disposition of Gas:

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

