

CONFIDENTIAL

ORIGINAL

SIDE ONE

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

Operator: License # 3988Name: Slawson Exploration Company, Inc.Address: 20 N. Broadway, Suite 700City/State/Zip: Oklahoma City, OK 73102Purchaser: Inland Crude Purchasing Corp.Operator Contact Person:
Phone: (800) 333-5493Designate Type of Original Completion
 New Well Re-Entry XX WorkoverDate of Original Completion 7-10-89Name of Original Operator SameOriginal Well Name Same

Date of Recompletion:

4-29-90 5-19-90
Commenced CompletedRe-entry ☐ Workover ☒

Designate Type of Recompletion/Workover:

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

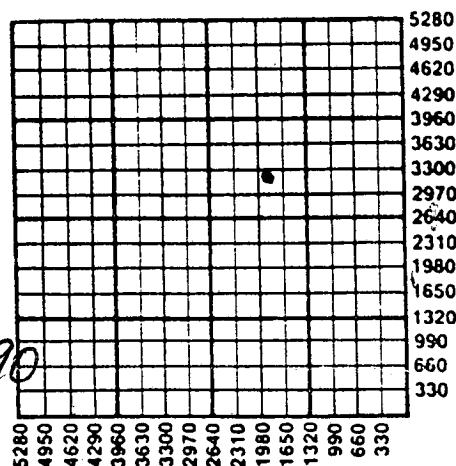
 Deepening X Re-perforation
X Plug Back 4498' PBD
 Conversion to Injection/Disposal

Is recompleted production:

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

API NO. 15- 101-21,517-0001County Laneapx SW NE Sec. 31 Twp. 16S Rge. 29 XX East West3260 Ft. North from Southeast Corner of Section1800 Ft. West from Southeast Corner of Section

(NOTE: Locate well in section plat below.)

Lease Name DICKEY "I" Well # 1Field Name WildcatProducing Formation MarmatonElevation: Ground 2828' KB 2833'REWORK
JH
9/12/00

K.C.C. OFFICE USE ONLY	
<input checked="" type="checkbox"/>	Letter of Confidentiality Attached
<input type="checkbox"/>	Wireline Log Received
<input type="checkbox"/>	Drillers Timelog Received
Distribution	
<input checked="" type="checkbox"/>	KCC
<input type="checkbox"/>	SWD/Rep
<input type="checkbox"/>	KGS
<input type="checkbox"/>	Plug
<input checked="" type="checkbox"/>	NGPA
<input type="checkbox"/>	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 Division Engineer Date 6/29/90Subscribed and sworn to before me this 29th day of June 19 90Notary Public [Signature] Date Commission Expires March 6, 1994

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SIDE TWO

Operator Name Slawson Exploration Co., Inc. Lease Name DICKEY "I" Well # 1Sec. 31 Twp. 16S Rge. 29 ☐ East
☒ WestCounty Lane

RECOMPLETION FORMATION DESCRIPTION

☒ Log ☐ Sample

Name	Top	Bottom
Marmaton	4,308'	-1,475'
Myr St	4,423'	-1,590'
FS	4,443'	-1,610'

No additional logs were run.

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
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)
2	4,463' - 4,466'	250 gal 15% dbl str. FE acid
2	4,426' - 4,429'	750 gal 28% NE acid
2	4,376' - 4,380'	None

PBTD 4,498' Plug Type Perm. Bridge Plug

TUBING RECORD

Size 2-3/8" Set At 4,449' Packer At _____ Was Line _____Date of Resumed Production, Disposal or Injection 5-19-90Estimated Production Per 24 Hours Oil 115 Bbls. Water 0 Bbls. Gas 0 Mcf Gas-Oil-Ratio _____

Disposition of Gas:

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