

ORIGINAL

SIDE ONE

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

Operator: License # 3288

Name: Jody Oil & Gas Corp.

Address: Box 472

City/State/Zip: Attica, KS 67009

Purchaser: Koch

Operator Contact Person: Randy Newberry
Phone: (316) 254-7977

Designate Type of Original Completion
 New Well Re-Entry Workover

Date of Original Completion N/A

Name of Original Operator Edmiston Oil Co.

Original Well Name Darns #1

Date of Recompletion: NOV 8 1990

Commenced 4-27-90 Completed 5-4-90

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 PBTD
 Conversion to Injection/Disposal

Is recompleted production:
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (Disposal or Injection?) Docket No. _____

API NO. 15- 077-20,229-00-02

County Harper

C SE NW Sec. 19 Twp. 31 Rge. 8 East West

3300 Ft. North from Southeast Corner of Section

3300 Ft. West from Southeast Corner of Section

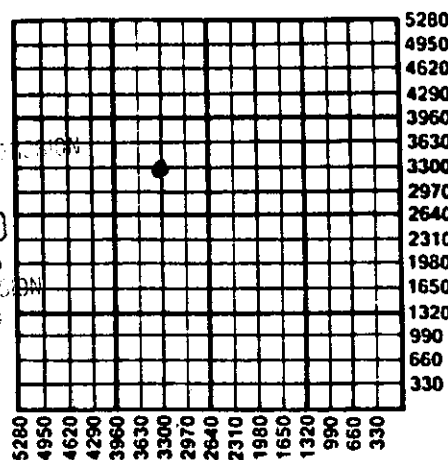
(NOTE: Locate well in section plat below.)

Lease Name Darns Well # 4

Field Name Spivey - Grabbs

Producing Formation Mississippi

Elevation: Ground N/A KB N/A



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)

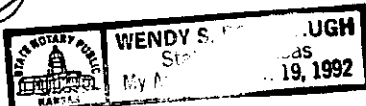
INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the recompletion of any well. Rules 82-3-107 and 82-3-141 apply. Information on side two of this form will be held confidential 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 Carl W. Van Title Agent for Operator Date 11-6-90

Subscribed and sworn to before me this 7th day of November 19 90

Notary Public Wendy S. [Signature] Date Commission Expires 4-19-92



JAN 10

SIDE TWO

Operator Name Jody Oil & Gas Corp. Lease Name Danns Well # 4

Sec. 19 Twp. 31 Rge. 8 East West

County Harper

RECOMPLETION FORMATION DESCRIPTION

Log Sample

Name Mississippi Top 4357' Bottom N/A

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	<u>3510'</u>	<u>to 3540'</u>	<u>Class A</u>	<u>100</u>	<u>none</u>
<input checked="" type="checkbox"/> Plug Off Zone	<u>2675'</u>	<u>to 2936'</u>	<u>Class A</u>	<u>200</u>	<u>none</u>

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

PBTD 4367' Plug Type 10' open hole

TUBING RECORD

Size 2 3/8" Set At 4350' Packer At none Was Liner Run Y N

Date of Resumed Production, Disposal or Injection 5-4-90

Estimated Production Per 24 Hours Oil 3 Bbls. Water 150 Bbls. Gas-Oil-Ratio

Gas 55 Mcf

Disposition of Gas:

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