

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

Operator: License # 07344
Name Clyde M. Becker
Address 212 First National Bldg.
City/State/Zip Ponca City, OK 74601

Purchaser Koch Oil Co.
Operator Contact Person Clyde M. Becker
Phone (405) 765-8788

Designate Type of Original Completion
 New Well Re-Entry Workover
 Oil SWD Temp Abd
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply etc.)

Date of Original Completion: 2-5-85

DATE OF RECOMPLETION:
8-18-88 9-23-88
Commenced Completed

Designate Type of Recompletion/Workover:
 Deepening Delayed Completion
 Plug Back Re-perforation
 Conversion to Injection/Disposal

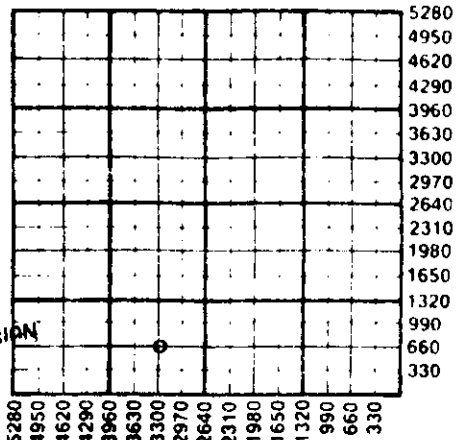
Is recompleted production:
 Commingled; Docket No. _____
 Dual Completion; Docket No. _____
 Other (Disposal or Injection)?

API NO. 15- 101-21, 117-A 0000
County Lane
C SE SW Sec 15 Twp 20 Rge 27 East West

660 Ft North from Southeast Corner of Section
3300 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

Lease Name Brown Well # 1
Field Name Witt (Abandoned)
Name of New Formation Mississippian

Elevation: Ground 2581 KB 2591
Section Plat



RECEIVED
STATE CORPORATION COMMISSION
10-13-88
2-13-1988

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)
.....
.....
10-13-88

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 prior to or with this form for approval of commingling or dual completions. Submit CP-4 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 Clyde M Becker Title Operator Date 9-27-88

Subscribed and sworn to before me this 28th day of September 19 88

Notary Public Margaret Holmes Date Commission Expires 11-14-88

SIDE TWO

Operator Name Clyde M. Becker Lease Name Brown Well # 1

Sec 15 Twp 20 Rge 27 X East X West County Lane

RECOMPLETED FORMATION DESCRIPTION:

X Log Sample

<u>Name</u>	<u>Top</u>	<u>Bottom</u>
Osage	4474	4498

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	# Sacks Used	Type & Percent Additives
	Top	Bottom			
<u> </u> Perforate					
<u>X</u> Protect Casing	<u>4220</u>	<u>4568</u>	<u>60-40 Posmix</u>	<u>100</u>	<u>18% salt 1/2% CFR2</u>
<u> </u> Plug Back TD					
<u> </u> Plug Off Zone					

Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)
<u>4</u>	<u>4474</u>	<u>79</u>	<u>No treatment</u>

PBTD 4568 Plug Type Pipe set

TUBING RECORD:

Size 2 3/8 Set At 4489 Packer At None Was Liner Run? Y N

Date of ~~Resumed~~ First Production, Disposal or Injection 9-23-88

Estimated Production Per 24 Hours 38 bbl/oil 24 bbl/water
TSTM MCF gas gas-oil ratio