

ORIGINAL

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

API NO. 15- 15-077-30008-0001

County Harper
SE SE NW Sec 4 Twp 31^s Rge 9 East West

Operator: License # 4706
Name Messenger Petroleum, Inc
Address Rt. 1 Box 172-A1
City/State/ZIP Kingman, KS 67068

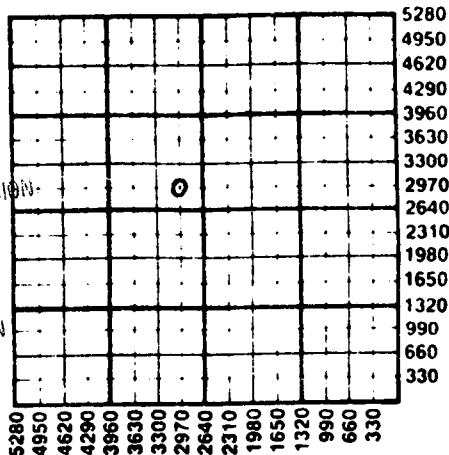
2970 Ft North from Southeast Corner of Section
2970 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

Lease Name Freeland Well # 1
Field Name Spivey - Grabs
Name of New Formation Mississippi
Elevation: Ground 1699 KB 1704
Section Plat

Purchaser KPL
Operator Contact Person Jan F. Messenger
Phone 316-532-5231

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: 4-16-65
DATE OF RECOMPLETION:
1-17-91 1-22-91
Commenced Completed



RECEIVED
APR 22 1991
STATE CORPORATION COMMISSION
Wichita, Kansas

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)?
it is the same as before - the same interval was perforated

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 prior to or with this form for approval of commingling or dual completions. Submit OP-4 with all plugged wells. Submit OP-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 Jan F. Messenger Title Pres. Date 4-19-91
Subscribed and sworn to before me this 19th day of April 19 91
Notary Public Mary E. Blumankhourst Date Commission Expires 3-20-94

MARY E. BLUMANKHOURST
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 3-20-94

SIDE TWO

Operator Name Messenger Petroleum, Inc Lease Name Freeland Well # 1

Sec 4 Twp 31^S Rge 9 East West County Harper

RECOMPLETED FORMATION DESCRIPTION:

Log Sample

Name	Top	Bottom
Mississippi	4425	NA

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	# Sacks Used	Type & 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)
4	4426 to 4433	Acids 500 gals 15% HCL w/50 gals HA Acetic w/1gal A-2 inhibitor w/4gals W-11 surfactant

PBTD _____ Plug Type _____

TUBING RECORD:

Size 2 3/8 Set At 4448 Packer At -none- Was Liner Run? Y N

Date of Resumed Production, Disposal or Injection 2-2-91

Estimated Production Per 24 Hours -0- bbl/oil 16 bbl/water

20 MCF gas _____ gas-oil ratio