

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

Operator: License # 5923
Name AMERICAN PETROLEUM COMPANY, INC.
Address 3500 N. ROCK ROAD, BLDG. 1300
WICHITA, KANSAS 67226
City/State/Zip

Purchaser N/A

Operator Contact Person JAMES BARVAIS
Phone (316) 636-5273

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: 6-09-88

DATE OF RECOMPLETION: AWAITING KCC APPROVAL OF
SWD APPLICATION

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- 007-22,190 00-01

County BARBER

C SW SW Sec 12 Twp 30 Rge 12 East West

660 Ft North from Southeast Corner of Section
4620 Ft West from Southeast Corner of Section

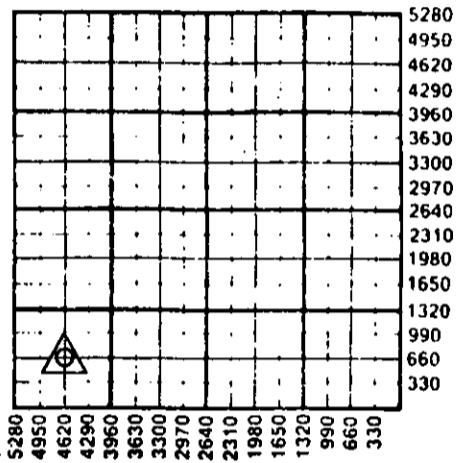
(Note: Locate well in section plat below)

Lease Name HOUSE Well # 1

Field Name KUMBERG SE

Name of New Formation RED EAGLE (SAME FORMATION)

Elevation: Ground 1836' KB 1849'
Section Plat



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Time Log 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 James T. Barvais Title PRESIDENT Date 7-10-89
JAMES T. BARVAIS

Subscribed and sworn to before me this 10th day of July 1989

Notary Public Marcia L. Alterman Date Commission Expires May 3, 1990

RECEIVED
STATE CORPORATION COMMISSION
7-14-89
JUL 14 1989
MARCIA L. ALTERMAN
Notary Public
State of Kansas
My Comm. Exp. May 3, 1990
FORM ACO-2
5/88
Wichita, Kansas

SIDE TWO

Operator Name AMERICAN PETROLEUM COMPANY, INC. Lease Name HOUSE Well # 1

Sec 12 Twp 30 Rge 12 East West County BARBER

RECOMPLETED FORMATION DESCRIPTION: SAME ZONE (RED EAGLE) TO SWD WELL

Log Sample

Name	Top	Bottom
RED EAGLE	2643'	2658'

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 (Amount and Kind of Material Used)
	Specify Footage of Each Interval Perforated	

PBTD _____ Plug Type ARROW TENSION PACKER

TUBING RECORD:

Size 2 3/8" Set At 2620' Packer At 2620' Was Liner Run? Y X N

Date of Resumed Production, Disposal or Injection PENDING APPROVAL

Estimated Production Per 24 Hours _____ bbl/oil 200 bbl/water
_____ MCF gas _____ gas-oil ratio

