## SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS	API NO. 15-		4			-	
OIL & GAS CONSERVATION DIVISION	County Seward						
RECOMPLETION FORM  ACC-2 AMENDMENT TO WELL HISTORY	County		ewaru				East
ACC-2 AMENDMENT TO WELL HISTORY	NE NE	SW Sec	18 Tv	vp 33	_Rge_	-	-
Operator: License #06120	2310						
Name Cabot Petroleum Corporation	2970						ction
Address P. O. Box 9999	(Note:	Locate we	il in se	ection	plat	below)	
City/State/Zip Amarillo, TX 79105	Lease Name _	Speal	kman	- 4	W	Well #	1
	Field Name _	Hu	goton				
Purchaser Williams Natural Gas	Name of Name	Formation	Cl	1256			
Operator Contact Person John Papso				159			
Phone 806/371-3165	Elevation: G		2865 Section		KB	28	71
Designate Type of Original Completion			Section	Plat			#
New Well Re-Entry X Workover	İ					5280	
				11:		4950	
OII		1 .   .				4290	
X GasInjDelayed Comp.						3960	
Dry Other (Core, Water Supply etc.)						3300	
11/1/50			-   -		-	2970	
Date of Original Completion: 11/1/50			. X			2310	
DATE OF DECOMPLETION.		1	-++			1980	
DATE OF RECOMPLETION:	246		111			1650	
10/20/88 11/9/88 REC	FIVED				11	990	
Completed CTATE CORPOR	SVIION COMMUNICOR	)N				660	
esignate Type of Recompletion/Workover:	3 1989	5280 4950 4290 3960	3630 3300 2970 2640	1980	066	330	
Deepening Delayed Completion							
Boopening Borayes semprerion	NATION DIVISION						
Plug Back X Re-perforation Wi	chita, Kansas	K. C	. C. OFF	Œ USE	ONLY		
	F_	Letter	of Confi	dentia	lity	Attached	
Conversion to Injection/Disposal	c_		e Log Re				
	c_		s Timelo	-	ived		
s recompleted production:	Distribution						
	KCC SWD/Rep NGPA						
Commingled; Docket No.		KGS	PI	ıg		Other ecify)	
Dual Completion; Docket No.							•
Other (Disease) or Injection)?		•••••		-80	•••••	X. (.)	)
Other (Disposal or Injection)?			04 - 5	5 6			
	l						
INSTRUCTIONS: This form shall be completed in tri							
200 Colorado Derby Building, Wichita, Kansas 67202,							
82-3-107 and 82-3-141 apply. Information on side t							
12 months if requested in writing and submitted wit excess of 12 months. One copy of any additional							
submitted) shall be attached with this form. Submit		-					
commingling or dual completions. Submit CP-4 wi							
abandoned wells. NOTE: Conversion of wells to eithe							
submit form U-1.	원건		-				
All requirements of the statutes, rules and regulat been fully complied with and the statements herein a							
0							
Signature Wellen Jarme	TitleA	gent	Assessed to the second		Date	2/1/8	39
Subscribed and sworn to before me this1	day of Fe	ebruary			19 _	89	
Notary Public Suboruh Suk	LEGA	Date	Commiss	ion Ex	pires	12/2	2/92

## SIDE TWO

15-175-0014

Twp	33	_Rge <u>33</u>	East <u>X</u> West	County	Seward				
		REC	OMPLETED FORM	ATION DESCR	IPTION:				
			Log	Sa	mple				
		Name			Тор	Bottom			
	N/A								
1 (25) (40) (50)		AD	DITIONAL CEME	NTANO (SOUEE	7F PEMPP				
			DITIONAL CEME	NTING/SQUEE	ZE KEWKD				
Purpose:	Top	Depth Bottom	Type of	Cemen†	# Sacks Used   	Type & Percent Additives			
Protect Cas			200	A.L					
Plug Back TI Plug Off Zoo									
			awan	MOG SERVICE	The result of				
nots Per Foot	PERFORATION RECORD  Specify Footage of Each  Interval Perforated		Each	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)					
1 SPF	2707'-	-2717 <b>'</b>		350 gal.	15% HCL				
		100 miles (100 miles)							
				SH OF S	g de la Galaga				
	Plua	Туре							
) <sup>1</sup>				RECORD:					
			1001110						
		t2765 <b>'</b>		- At N/A	A Was L	iner Run? X Y			
1 1/2"	Set /	At <u>2765'</u> , Disposal or In	Packer			iner Run? X Y			