

15-175-00160-0001 ✓

SIDE ONE

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

API NO. 15- 175-00160-0051
County Seward
SE SE NW Sec 31 Twp 33 Rge 33 X East West

Operator: License # 06120
Name Cabot Petroleum Corporation
Address P. O. Box 9999
City/State/Zip Amarillo, TX 79105

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

Purchaser Williams Natural Gas

Lease Name Allard Well # 1

Operator Contact Person John Papso
Phone 806/371-3165

Field Name Hugoton

Name of ~~New~~ Formation Chase

Designate Type of Original Completion
 New Well Re-Entry Workover

Elevation: Ground 2861' KB 2865
Section Plat

Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply etc.)

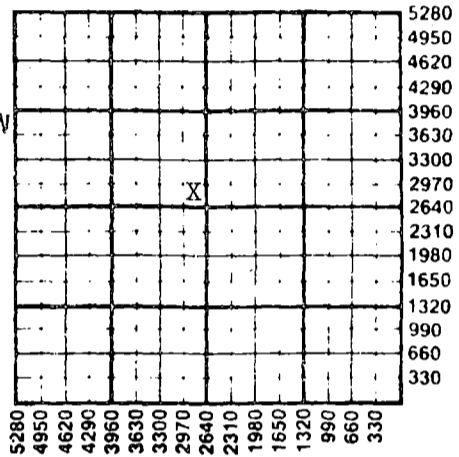
RECEIVED
STATE CORPORATION COMMISSION

Date of Original Completion: 1/9/51

FEB 13 1989

DATE OF RECOMPLETION:
12/17/88 1/7/89
Commenced Completed

CONSERVATION DIVISION
Wichita, Kansas



Designate Type of Recompletion/Workover:

Deepening Delayed Completion
 Plug Back Re-perforation
 Conversion to Injection/Disposal

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)
.....
.....
2-3-89 X (circled)

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

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 Quelvin Farmer Title Agent Date 2/1/89

Subscribed and sworn to before me this 1 day of February 19 89

Notary Public Deborah Sublett Date Commission Expires 12/22/92

SIDE TWO

Operator Name Cabot Petroleum Corporation Lease Name Allard Well # 1

Sec 31 Twp 33 Rge 33 East West County Seward

RECOMPLETED FORMATION DESCRIPTION:

_____ Log _____ Sample

Name Top Bottom

N/A

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 Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) |
|----------------|---|---|
| 1 SPF | 2705'-2710' | 3000 gal. 15% HCL |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

PBTD _____ Plug Type _____

TUBING RECORD:

Size N/A Set At N/A Packer At N/A Was Liner Run? Y _____ N

Date of Resumed Production, Disposal or Injection 1/7/89

Estimated Production Per 24 Hours 0 bbl/oil 15 bbl/water

150 MCF gas 0 gas-oil ratio

