

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

API No. 15- 189-20854-0001

COUNTY STEVENS

C SW SW Sec 1 Twp 32S Rge 35 X West

690 Ft North from Southeast Corner of Section
4800 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

Operator: License # 5208
Name MOBIL OIL CORPORATION
Address P.O. BOX 5444
City/State/Zip DENVER, COLORADO 80217

Lease Name HERSCHEL LOGAN WELL # 1

Purchaser SOLD ON SPOT MARKET
Transporter TA'D

Field Name NORTH-SHUCK

Operator Contact Person B. R. MAYNARD
Phone (303) 298-2069

Name of New Formation CHESTER

Elevation: Ground 2969' FT KB 2985' FT

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

SECTION PLAT

Grid for section plat with dashed lines.

Date of Original Completion: 7/2/85

RECEIVED
STATE CORPORATION COMMISSION
1-23-89
JAN 23 1989
CONSERVATION DIVISION
Wichita, Kansas

DATE OF RECOMPLETION
9/27/88 Commenced TA'D 10/18/88 Completed

Designate Type of Recompletion / Workover:
Deepening Delayed Completion
Plug Back X Re-perforation

K.C.C. OFFICE USE ONLY.
F Letter of Confidentiality Attached
C Wireline Logs Received
C Drillers Timelog Received
Distribution
X ECC SWD/Rep NGPA
X GGS Plug Other (Specify)
1-23-89

Conversion to Injection / Disposal

Is recompletion 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-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 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 B. R. Maynard B. R. MAYNARD Title REGULATORY COMPLIANCE MANAGER Date 1-16-89

Subscribed and sworn to before me this 16th day of January 19 89

Notary Public George George Date Commission Expires 1/3/91

Operator Name MOBIL OIL CORPORATION Lease Name HERSCHEL LOGAN Well # 1

Sec 1 Twp 32S Rge 35 X East
X West County STEVENS

RECOMPLETION FORMATION DESCRIPTION
XX Log _____ Sample

Name _____ Top _____ Bottom _____
 NO CHANGE FROM ACO-1

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
4 SPF	5976' - 5981'	ACIDIZED W/2500 GALS HF-140 PAD, 2500 GALS GELLED ACID

PBTD 6290' FT. Plug Type Cement

TUBING RECORD:

Size 2-7/8 Set At 6010 FT. Packer At NA FT. Was Liner Run Y X N

Date of Resumed Production, Disposal or Injection TA'D 10/18/88

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