STATE CORPORATION COMMISSION OF KANSAS OIL & GAS CONSERVATION DIVISION	API No. 15- 189-20854-0001						
RECOMPLETION FORM	COUNTYSTEVENS						
ACO-2 AMENDMENT TO WELL HISTORY	Bast						
Operator: License 5208	Ft North from Southeast Corner of Section Ft Nest from Southeast Corner of Section (Note: Locate well in section plat below)						
City/State/ZipDENVER, COLORADO 80217	Lease Name_HERSCHEL LOGANWELL #_1_						
PurchaserSOLD ON SPOT MARKETTansporterTA'D	Field Name_NORTH SHUCK_ Larrabue						
Operator Contact Person_B. R. MAYNARD	Hame of New Formation_CHESTER						
Phone(303) 298-2069	Rlevation: Ground2969'FT KB2985'FT						
Designate Type of Original Completion _X New Re-Entry Horkover							
Oil SWD _R Temp Abd							
Gas Inj Delayed Comp. Dry Other (Core, Hater Supply, etc.) RECE	horn landa da d						
Date of Orginal Completion:7/2/85STATE CORPORAT	1,-23-89						
DATE OF RECOMPLETION 9/27/88 Commenced Completed	S 1909						
Designate Type of Recompletion / Workover: Wic	lita Kansas						
Deepening Delayed Completion							
Plug BackX Re-perforation	F Letter of Confidentiality Attached C Wireline Logs Received						
Conversion to Injection / Disposal	C Drillers Timelog Received						
Is recompletion production:	Distribution						
Coumingled; Docket No	KCC SWD/Rep MGPA Other (Specify)						
Dual Completion; Docket No	(Specify)						
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 S. R. Mayonaed B. R. MAYHA	RDTitle_REGULATORY COMPLIANCE MANAGER Date						
11 th	T- 00						
Subscribed and sworn to before me this \(\lambda \) day	of January 19 X7						

Form ACO-2 (5-88)

Operator Name_M	OBIL OI	L CORPORATION		Lea	ise NameHERS	CHEL LOGAN_	
Sec_1 Twp_32	S Rge	Ba 35XNe	st st	Cou	inty <u> </u>	S	
			_		FORMATION DESC		
но сн		Mane Oh ACO-1				Тор	Bottom.
			1				
			ADDI	ITIONAL CEMENTIS	IG/SQUEEZE RECO	ORD	
Purpose: Depth Top Bot Perforate Protect Casing Plug Back TD Plug Off Zone		Depth Top Bottom	Ťy	pe of Cement	# Sacks Used	d Ty	Type & Percent Additives
Shots Per Foot Specify Footage of Each Interval Perforated			Acid, Fracture, Shot, Cement Squeeze Record _ACIDIZED M/2500 GALS MF-140 PAD,2500 GALS GELLED ACID				
PBTD <u>6290</u> °_FT.	. Pli	ig Type_Cemen	ıt		ING RECORD:		
Size_2-7/8 Date of Resumed N				7. Packe	r AtNA	_JT.	Was Liner Run <u>Y</u> X <u>N</u>
Estimated Product			4. III		_bbl/oil _	bb, gae	/water s-oil ratio

