STATE CORPORATION COMMISSION OF KANSAS

STATE CORPORATION COMMISSION OF KANSAS OIL & GAS CONSERVATION DIVISION RECOMPLETION FORM	### API No. 15189-20880-R			
ACO-2 AMENDMENT TO WELL HISTORY				
Operator: License # 5208 NameMOBIL GIL CORPORATION AddressP.G. BOX 5444				
City/State/ZipDENVER, COLORADO 80217	Lease Name_CHAFFIN 1-C UNITWELL #_4_			
Purchaser_NORTHERN NATURAL GAS	Field Name_WILDCAT			
Operator Contact Person_J. L. DOUGLASS	Name of New Formation_PERMIAN CHASE GROUP			
Phone(303) 298-2047	Elevation: Ground 3042 FT. KB 3053.6 FT. SECTION PLAT			
Designate Type of Original Completion	1			
XX New Re-Entry Workover	×			
OilSWDTemp Abd GasInjDelayed Comp. DryOther (Core, Water Supply, etc.)				
Dry Other (Core, Water Supply, etc.)				
Date of Orginal Completion: 2-2-86				
DATE OF RECOMPLETION	[
2-13-88				
Commenced Completed				
Designate Type of Recompletion / Norkover:				
Deepening Delayed Completion	, a present that any			
XX Plug Back Re-perforation	FLetter of Confidentiality Attached C \times ireline Logs Received			
Conversion to Injection / Disposal	RECEIVED Drillers Timelog Received			
STATE CO Is recompletion production:	PORATION COMMISSION Distribution			
_NA Commingled; Docket No	AY 3 1 16 Res SWD/Rep NGPA Other			
Dual Completion; Docket No CO	S-31-86 (Specify)			
Other (Disposal or Injection)?	Wich ta, Kansas			
INSTRUCTIONS: This form shall be completed in triplicate and Derby Building, Wichita, Kansas 67202, within 120 days of th				

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 A Mung lass		COMPLIANCE MANAGER Date_5/26/8
Subscribed and sworn to before me this <u> </u>	26th day of Mary	198
Notary Public Occ	Date Com	Form ACD-2 (5-88)

1555

iperator Name <u> </u>	IL OIL CORPORATION_	Le	ase NameCHAFf	FIN 1-C UNI	Ī	Well #4
	Fa-		٠.			
r 23 Twn 329	Eas Rge36XX_Wes		ountySTEVENS			
.c23 ##p_323_	_ vdeoovv_wes		OTEVEN	·		
				**		
			FORMATION DESC			
		XX Log		_Sample	r	
				_	1	
	Nase			<u>Top</u>	<u>Bottom</u>	
	HERINGTON			26231		
	PADDOCK UPPER KRIDER			2644 <i>°</i> 2655 °		
	LOWER KRIDER			2684°		
	ODEL			2722		
	WINFIELD			2731		
	SAGE			2768*		
-	TOWANDA			2784*		
	HOLMESVILLE			2841'		
	FT. RILEY			28501		
	REFORD			29221		
	COUNCIL GROVE			2963′		.•
		ARRITIONAL CEMENTS				
		ADDITIONAL CEMENTI	MO/ SUPECTE RECU			
Purpose:	Depth	Type of Cement	# Sacks Used		Type & Percent Additi	ives
·	Top Bottom		•		.,	
			<u> </u>			
Perforate	_3150'	_CL 'H' NEAT	2 SX	İ		
Protect Casin	ig _5940'	_CL 'H' NEAT	_ 2 SX	<u></u> -		
XX_Plug Back TD			_	<u> </u>		
Plug Off Zone	' [————		_{	<u> </u>		
						
			-1	<u> </u>		
			·			
	PERFORATION RECOR					
hots Per Foot	Specify Footage of		Acid, Fractu	re, Shot, C	ement Squeeze Record	
n ene	Interval Perforat	:ea				
2 SPF	2626*~2632* 2655*-2658*	ACD7 H/50 G0	I C DED ET AT	T DDM 157 f	NH FE HCL. FRAC'D #/81	#07 2103 M
2 SPF	2668*-2674*				MAIL HOLL THAL & WATER	
2 SPF	2686'-2718'		ALL LO CIMA		<u> </u>	
2 SPF	2732′-2736′					
	2742'-2762'					
2 SPF	2788′-2820 ′					
					·	
			 -			 .
TD 7150' ET	Plug TypeCAST	TOOM DOTTED DITIE				
18 3130	Ltad type_cust	THUM BUTDOE LEAD				
		TU	BING RECORD:		•	
ze2-3/8'	Set At2815	iFT. Packe	er AtNA	_FT.	Was Liner RunY	XXN
i2 h2 h		T-11' 1155	TIMO AN BOSE C	AMMERTIAN		
te of Kesuded Pr	oduction, Disposal	or injection#Ai	TING ON PIPE CO	UNNEC I TUN		
timated Producti	on Per 24 Hours:		bbl/oil	b	ih/ustor	
FEBRUSA LINARELI	ICHUUN TA NEE NEE				pas-oil ratio	
				9	her Att I GETA	
					1.1	

