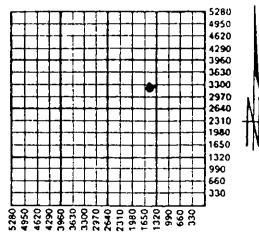
SIDE ONE

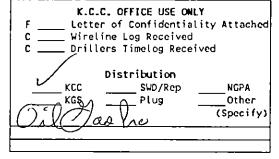


STATE CORPORATION COMMISSION OF KANSAS OIL & GAS CONSERVATION DIVISION RECOMPLETION FORM ACO-2 AMENDMENT TO WELL HISTORY

Operator: License #_5208	
Name: MOBIL OIL CORPORATION	
Address: 3219 NORTH KANSAS	
City/State/Zip: LIBERAL, KS 67901	Lea
Purchaser:	Fie
SPOT MARKET	Pro
Operator Contact Person: Phone:(316) 626-1160 RAE KELLY	Ele
Designate Type of Original CompletionNew WellRe-Entry_X_Workover	
Date of Original Completion ST. LOUIS	
Name of Original Operator MOBIL OIL CORPORATION	
Original Well Name WAGNER #1 UNIT WELL #3	
Date of Recompletion:	
12/9/89 1/4/90 Commenced Completed	
Re-entry Workover 🗵	
Designate Type of Recompletion/Workover: OilSWDTemp. AbdDelayed CompDryOther (Core, Water Supply, etc.)	
DeepeningRe-perforation X Plug Back3096 PBTD Conversion to Injection/Disposal	
Is recompleted production:	
Commingled Docket NoDual Completion Docket NoOther (Disposal or Injection?)	

API NO. 15- 189-21218-00-0 County STEVENS S/2 NE Sec. 17 Twp. 335 Rge. 38 X West 3293.5 Ft. North from Southeast Corner of Section 1390 Ft. West from Southeast Corner of Section (NOTE: Locate well in section plat below.) Name WAGNER #1 UNIT ____ Well # 3 Name <u>HUG</u>OTON ing Formation_CHASE _KB<u>3186</u> ion: Ground<u>3170</u>





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 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 or ACO-5 prior to or with this form for approval of commingling or dual completions. Submit CP-1 with all plugged wells. Submit CP-111 with all temporarily abandoned wells. NOTE: Conversion of wells to either disposal or injection <u>must</u> 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.	
$O \times O O$	10 - 0

Signature___

Title ENGINEERING TECHNICIAN Date 70-5-90

Subscribed and sworn to before me this 5 th

actaECELVED STATE CORPORATION COMMISSION

_ Date Commission Expires / Lauralau 8

HOTARY PUBLIC - State of Kansas 🚉 EDITH L. CUNNINGHAM My Appt. Exp. <u>//-8-</u>

OCT 1 0 1990 10-10-90

FORM ACO-2 7/89

CONSERVATION DIVISION Wichita, Kansas

SIDE TWO

perator Name MOE	BIL OIL CORPORATION	ONN	Lease Nam	e WAGNER #1 UNIT	Well # 3	
		East				
ес. <u>17</u> тыр. <u>3</u> :	3 <u>8 Rge. 38</u> 🛚	West	County_S	TEVENS		
			·			
		RECOMPLET	TION FORMATION D	ESCRIPTION		
		X	log s	ample		
Na	ne			Top	Bottom	
HASE				2490		
OUNCIL GROVE				2794		
VABAUNSEE				3242		
ANSING				4147		
ANSAS CITY				4508		
IORROW				5644		
HESTER				6132		
T. LOUIS				6364		
<u> </u>		ADDITIONAL C	ENENT ING/SQUEEZE	RECORD		
urpose:	Depth					
Perforate	Top Bottom	Type of Cement	# Sacks Used	Type and Pe	ercent Additives	
Protect Casing Plug Back ID						
Plug Off Zone					•	
					<u> </u>	
	 		<u></u>			
			-			
Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)		
5	2466 – 2489		-	ACIDIZED W/3100 GAL 15% HCL		
)	2490 – 2550					
<u> </u>	2563 - 2600			FRAC'D W/84,462 GELLED FLUID		
,	2626 - 2670			W299.838 LBS SAND		
3	2688 2700					
			-			
2000						
D_3096	Plu	g Type CEMENT			<u></u>	
			TUBING RECORD			
e <u>NA</u>	Set At_NA		acker At <u>NON</u>	EWas Line	er RunY_X	
of Resumed Proc	duction, Disposal o	r Injection <u>8/6</u>	/90 DATE OF	FIRST PRODUCTION		
					Gas-Oil-Ratio	
						
position of Gas:	Ga	as715.4	_MCT			