SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS OIL & GAS CONSERVATION DIVISION RECOMPLETION FORM ACO-2 AMENDMENT TO WELL HISTORY	API NO. 15- 175-20,865-0001
	County Seward
	East
Operator: License # 8996	4290 Ft. North from Southeast Corner of Section
Name: Mid Continent Resources	4950 Ft. West from Southeast Corner of Section
Address: P. O. Box 399	(NOTE: Locate well in section plat below.)
City/State/Zip: Garden City, KS	Lease Name Cotton Well # 2C-85
6/846	Field Name Shamrock
Purchaser: None	Producing Formation None-Injection only
Operator Contact Person: Michael J. Wreath Phone: (316) 275-2963	Elevation: Ground 2859 KB 2870
Designate Type of Original Completion New Well Re-Entry _X Workover	5280 4950
Date of Original Completion July 28, 1985	4620 4290 3960
Name of Original Operator Mid Continent Resour	
Original Well Name Cotton 2C-85	2970 2640
Date of Recompletion:	2310
July 21, 1991 July 22, 1991 RF(Commenced Completed \$(ATE CONFORM)	
⊘ 1/	990
3110	N () (1)(1)(1) 1 1 1 1 1 1 1 1 1
Designate Type of Recompletion/Workover:	38 6 2 2 3 3 3 6 5 6 7 6 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Oil SWD Temp. Abd. CONSEK	K.C.C. OFFICE USE ONLY
Deepening Re-perforation	F Letter of Confidentiality Attached
Plug Back PBTD X Conversion to Injection/Disposal	C Wireline Log Received C Drillers Timelog Received
	Distribution
Is recompleted production:	
Commingled Docket No	(Specify)
X Other (Disposal or Injection?) Docket No. <u>E-26,300</u>	
INSTRUCTIONS: This form shall be completed in triplicate at Derby Building, Wichita, Kansas 67202, within 120 days apply. Information on side two of this form will be held or and submitted with the form. See rule 82-3-107 for confider wireline logs and driller's time logs (not previously submit prior to or with this form for approval of commingling or decrease the control of the	of the recompletion of any well. Rules 82-3-107 and 82-3-141 onfidential for a period of 12 months if requested in writing ntiality in excess of 12 months. One copy of any additional tted) shall be attached with this form. Submit ACO-4 or ACO-5 ual completions. Submit CP-1 with all plugged wells. Submit
All requirements of the statutes, rules and regulations promul with and the statements herein are complete and correct to t	gated to regulate the oil and gas industry have been fully complied he best of my knowledge.
Signature Milas & Munth	Company Geologist Date August 14, 199
Subscribed and sworn to before me this day of	august 19 91
Notary Public Patricia S. Merz	Date Commission Expires 2-14-93
PATRICIA S. MERZ	FORM ACO-2
STATE OF KANSAS	Ø\
My Appt, Exp. 2-14-93	1

SIDE TWO Cotton Operator Name Mid Continent Resources Lease Name _ Well # <u>2C-8</u>5 East Sec. 6 Twp. 32 Rge. 32 Seward County _ RECOMPLETION FORMATION DESCRIPTION Log Log Sample **Bottom** Тор Name NO NEW DRILLING ADDITIONAL CEMENTING/SQUEEZE RECORD None Depth Purpose: Type of Cement Type and Percent Additives Bottom # Sacks Used Top Perforate Protect Casing Plug Back TD Plug Off Zone Acid, Fracture, Shot, Cement Squeeze Record PERFORATION RECORD (Amount and Kind of Material Used) Specify Footage of Each Interval Perforated Shots Per Foot No new perforations No new acid treatment PBTD __5650 Plug Type ____ClBP TUBING RECORD Size 2 3/8 Set At 4782 Packer At 4782 ____ Was Liner Run ____ Y X N Date of Resumed Production, Disposal or Injection New injection well-no injection pending Estimated Production Per 24 Hours Oil _____ Bbls. approval Bbls. Disposition of Gas: NAVented Sold Used on Lease (If vented, submit ACO-18.)