

ORIGINAL

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: 2319 NORTH KANSAS

City/State/Zip: LIBERAL, KS 67901

Purchaser:
SPOT MARKET

Operator Contact Person:
Phone: (316) 626-1160 RAE KELLY

Designate Type of Original Completion
 New Well Re-Entry Workover

Date of Original Completion 5/16/87

Name of Original Operator MOBIL OIL CORPORATION

Original Well Name SHULER WELL #1

Date of Recompletion:
1/10/89 8/25/90
Commenced Completed

Re-entry Workover

Designate Type of Recompletion/Workover:
 Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

Deepening Re-perforation
 Plug Back 3880' PBTB
 Conversion to Injection/Disposal

Is recompleted production:
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (Disposal or Injection?) Docket No. _____

API NO. 15- 189-20985-0001

County STEVENS

C SE SE Sec. 16 Twp. 31S Rge. 35 X East West

660' Ft. North from Southeast Corner of Section

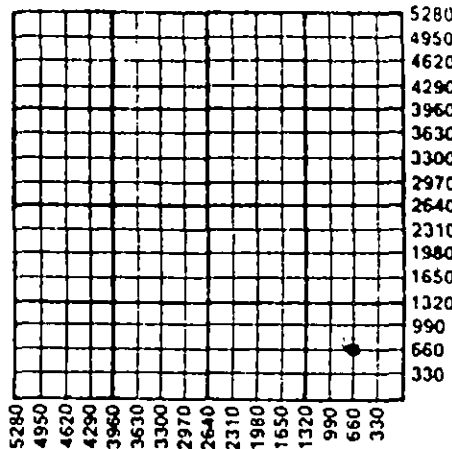
660' Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Lease Name H. E. SHULER UNIT Well # 4

Field Name PANOMA

Producing Formation COUNCIL GROVE

Elevation: Ground 3005' KB 3016'



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received

Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

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 or ACO-5 prior to or with this form for approval of commingling or dual completions. Submit ACO-111 with all plugged wells. 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.

DEC 16 1990 12-16-90

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.

Signature R. Kelly Title ENGINEERING TECHNICIAN Date 12-14-90

Subscribed and sworn to before me this 14 day of December 19 90

Notary Public Sharon A Cook Date Commission Expires 10-1-94



PI

SIDE TWO

Operator Name MOBIL OIL CORPORATION Lease Name H. E. SHULER UNIT Well # 4

Sec. 16 Twp. 31S Rge. 35 East
 West County STEVENS

RECOMPLETION FORMATION DESCRIPTION

Log Sample

Name	Top	Bottom
CHASE	2551	
WINFIELD	2652	
COUNCIL GROVE	2880	
ADMIRE	3175	
WABAUNSEE	3282	
LANSING	4192	
KANSAS CITY	4484	
MARMATON	4886	

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			

Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated		Acid, Fracture, Shot, Cement, Squeeze Record (Amount and Kind of Material Used)
	Top	Bottom	
4 SPF	2917'	2927'	ACIDIZED W/3360 GALS 7% HCL
	2956'	2968'	
	2978'	2986'	FRAC'D W/ 80,780 GALS SLIK WATER AND

PBTD 3880' Plug Type CIBP

TUBING RECORD

Size 2-3/8" Set At 2985' Packer At NONE Was Liner Run Y X N

Date of Resumed Production, Disposal or Injection FIRST PRODUCTION 12/5/90

Estimated Production Per 24 Hours Oil _____ Bbls. Water _____ Bbls. Gas-Oil-Ratio _____
 Gas 260 Mcf

Disposition of Gas:
 Vented Sold Used on Lease (If vented, submit ACO-18.)

