STATE CORPORATION COMMISSION OF KANSAS	API NO. 15- NA
OIL & GAS CONSERVATION DIVISION RECOMPLETION FORM	County Kingman
ACO-2 AMENDMENT TO WELL HISTORY	East
	(CNW NE ST. / 4 Sec 36 Twp 29 S Rge 7 x West
Operator: Liconsa # 02237 Name Union Oll Co. of California	2310 FSLFt North from Southeast Corner of Section
Address 4005 NW Expressway-	(Note: Locate well in section plat below)
City/State/ZipOklahoma City, OK 7311	of SW/4 d Lease Name Coykendall R.R. Well 1 2
Purchaser Matador	Field Name Basil Mississippi Field
Operator Contact Person Bill Welton	Name of New Formation Mississippi Chat
Phone (405)746-5330	Elevation: Ground 1464' KB 1472'53 Section Plat
Designate Type of Original Completion	Section Plat
New Well Re-Entry X Workover	5280
X: OII SWD Temp Abd	
Gas Inj Delayed Comp.	4290
	HEIDENVELL (!)
Date of Original Completion: 8/15/61 _{STATE COR}	PORATION COMPAISSING 2640
DATE OF RECOMPLETION:	1980
3/10/89 3/13/89 Å	DD 4 73 40 001
Commenced, Completed	650
	330
Designate Type of Recompletion/Workover:	THYATION ALVERSES AND
Deepening Delayed Completion	
Plug Back X Re-pertoration	K.C.C. OFFICE USE GALY
 ·	F Letter of Confidentiality Attached
Conversion to injection/Disposal	C Wireline Log Received C Drillers Timelog Received
is recompleted production:	Distribution
Commingled; Docket No	XCC SWD/Rep NGPA KGS Plug Other
,	(Specify)
Dual Completion; Docket No.	
ng1e Other (Disposal or Injection)?	4-13-89 (2)
INSTRUCTIONS: This form shall be completed in tri	plicate and filed with the Kansas Corporation Commission,
200 Colorado Derby Building, Wichita, Kansas 67202, 82-3-107 and 82-3-141 apply. Information on side t	within 120 days of the recompletion of any well. Rules wo of this form will be held confidential for a period of
12 months if requested in writing and submitted wit	th the form. See rule 82-3-107 for confidentiality in
excess of 12 months. One copy of any additional submitted about he attached with this form. Submit	al wireline logs and driller's time logs (not previously) it ACO-4 prior to or with this form for approval of
comminging or dual completions. Submit CP-4 w1	th all plugged wells. Submit CP-111 with all temporarily
abandoned wells. NOTE: Conversion of wells to eithe	or disposal or Injection <u>must</u> receive approval before use;
submit form U-1.	}
	fons promulgated to regulate the oil and gas industry have
been fully compiled with and the statements herein a	re complete and correct to the best of my knowledge.
Signature Lenny R. Duncaro.	Title Drilling Clerk Date 4/10/89
10 +6	Title Drilling Clerk Date 4/10/89
Subscribed and sworn to before me this	day of Ufful 19 89
History Public Slass & Ma	USUA Date Commission ExpiresEXPIRES 6-1
Company of the second s	LAFINES ULL

Sec Twp _	<u>295</u> Rg e 7W	$ \frac{\overline{\mathbf{x}}}{\mathbf{x}}$ West	County	Kingman		
	RE 00	MPLETED FORM	ATION DESCR	IPTION:		
		Log	Sa	mple		17
	Name			Тор	<u>Bc</u>	ottom_
(Producing Form.)	Mississippi	Chat	(Pa	y) 4084 '	Z _t	108'(Op
	⇒ ADC	DITIONAL CEME	NT I NG/SQUEE	ZE RECORD	<u> </u>	
Purpose:	Depth Top Bottom	Type of	Cement	Sacks Used	Type & Perc	ent Additiv
Perforate				!	<u> </u>	
Protect Casin	g					
Plug Off Zone	·				!	
	000000000000000000000000000000000000000	<u> </u>			J	
Shots Per. Foot	PERFORATION RECOR Specify Footage of Interval Perforat 40841_41041	Each ted	(racture, Shof, C	of Material Us	
4	Specify Footage of Interval Perforat	Each ted	(Amount and Kind	of Material Us	
4	Specify Footage of Interval Perforat	Each 15	(Amount and Kind	of Material Us	
РВТО 4115	Specify Footage of Interval Perforat 40841-41041	Each 15	500g 15%	Amount and Kind	of Material Us	ed)
PBTD 4115 Size 2-3/8"	Specify Footage of Interval Perforat	Each red 15	500g 15%	Amount and Kind	of Material Us	ed)
PBTD 4115 Size 2-3/8"	Specify Footage of Interval Perforat 40841-41041 Plug Type Cmt. Set At 40981	Each red 15	500g 15%	Amount and Kind of HCL w/FE-	of Material Us	ed)