

ORIGINAL

SIDE ONE

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

Operator: License # 3517

Name: Columbian Services Corporation

Address: Bank IV Tower P.O. Box 3501

City/State/Zip: Topeka, KS 66601-3501

Purchaser: Peoples

Operator Contact Persons:
Phone: (913) 234-0581

Designate Type of Original Completion
 New Well Re-Entry Workover

Date of Original Completion 2-27-90

Name of Original Operator Columbian Services Corp

Original Well Name Nelson A #1

Date of Recompletion:

Commenced Completed

Re-entry Workover

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

SIWOPL Deepening Re-perforation
 Plug Back Conversion to Injection/Disposal

Is recompleted production:

Commingled Docket No. CONSERVATION DIVISION
 Dual Completion Docket No. Wichita, Kansas
 Other (Disposal or Injection?) Docket No.

RECEIVED
JUL 11 1990
CONSERVATION DIVISION
Wichita, Kansas

API NO. 15- 095-21,624-0000

County Kingman

7 1 MC NW SW Sec. 3 Twp. 29 Rge. 8 xx East West

1980 Ft. North from Southeast Corner of Section
4695

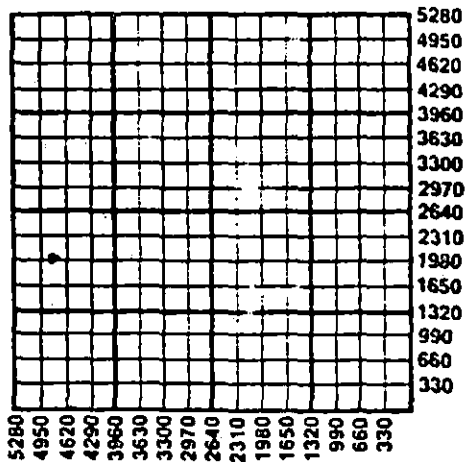
 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Lease Name Nelson A Well # 1

Field Name Carlisch SW

Producing Formation Mississippi

Elevation: Ground 1670 KB 1675



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 CP-1 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.

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 Steve Brady Title Operations Manager Date 7-6-90
Subscribed and sworn to before me this 6 day of July 19 90
Notary Public Donna J. Benton Date Commission Expires 8-6-92

SIDE TWO

Operator Name Columbian Services Corp Lease Name Nelson A Well # 1
 Sec. 3 Twp. 29 Rge. 8 East West
 County Kingman

RECOMPLETION FORMATION DESCRIPTION

Log Sample

Name _____ Top _____ Bottom _____

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purposes: <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		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)
	Specify Footage of Each Interval Perforated		

PBTD _____ Plug Type _____

TUBING RECORD

Size _____ Set At _____ Packer At _____ Was Liner Run _____ Y _____ N _____

Date of Resumed Production, Disposal or Injection _____

Estimated Production Per 24 Hours Oil _____ Bbls. Water 120 Bbls. Gas-Oil Ratio
 Gas 300 Mcf

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

