

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

Operator: License # 6886
Name Robert L. Austin
Address Box 159
Stafford, Kansas 67578
City/State/Zip

Purchaser Clear Creek

Operator Contact Person Robert L. Austin
Phone 316-234-5191

Designate Type of Original Completion
 New Well Re-Entry Workover
 Oil SWD Temp Abd
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply etc.)

Date of Original Completion: 3-6-79

DATE OF RECOMPLETION:
6-7-88 6-9-88
Commenced, Completed

Designate Type of Recompletion/Workover:
 Deepening Delayed Completion
 Plug Back Re-perforation
 Conversion to Injection/Disposal

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

API No. 15- 185-20,893-6001

County Stafford

SE NW SW Sec 4 Twp 25S Rge 12 East West

1650 Ft North from Southeast Corner of Section
4290 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

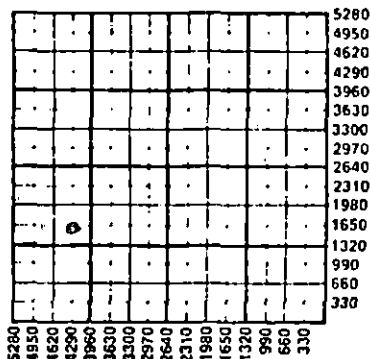
Lease Name McCune Well # 4

Field Name Union Center

Name of New Formation Lansing-Kansas City

Elevation: Ground 1891 KB 1896

Section Plat



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 ACQ-4 prior to or with this form for approval of commingling or dual completions. Submit CP-4 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 [Signature] Title Owner Date 7-20-88

Subscribed and sworn to before me this 20th day of July 1988

Notary Public Billie Postier Date Commission Expires 2-21-92

BILLIE POSTIER
Notary Public - State of Kansas
My Appt. Expires Feb. 21, 1992

FORM ACQ-2
5/88 CONSERVATION DIVISION
Wichita, Kansas

4-21-1988

RECEIVED
STATE CORPORATION COMMISSION

JUL 21 1988

SIDE TWO

Operator Name Robert L. Austin Lease Name McCune Well # 4

Sec 4 Twp 25S Rge 12 East West County Stafford

RECOMPLETED FORMATION DESCRIPTION:

Log Sample

Lansing-Kansas City 3563(-1667) 3839 (-1943)

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

Shots Per Foot	PERFORATION RECORD	Acid, Fracture, Shof, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)
<u>2</u>	<u>3830-34</u>	<u>500 Gal. 15% NE</u>
<u>3</u>	<u>3904-06</u>	<u>500 Gal. 15% NE</u>

PBD 4000 Plug Type Plug

TUBING RECORD:

Size 2 7/8 Set At 3985 Packer At _____ Was Liner Run? Y No N

Date of Resumed Production, Disposal or Injection July 1, 1988

Estimated Production Per 24 Hours 6 bbl/oil 35 bbl/water
0 MCF gas _____ gas-oil ratio

