STATE CORPORATION COMMISSION OF KANSAS OIL & GAS CONSERVATION DIVISION

RECOMPLETION FORM	County Stafford
ACO-2 AMENDMENT TO WELL HISTORY	NW SE NW Sec. 13 Twp. 25S Rge. 13 XXX West
Operator: License # 6679	3630 Ft. North from Southeast Corner of Section
Name: W D SHORT	3630 Ft. West from Southeast Corner of Section
Address: P O Box 729	(NOTE: Locate well in section plat below.)
City/State/Zip: Oxford, KS 67119	Lease Name South Leesburg United # 103
Purchaser:	Field Name South Leesburg
Seminole Trading	Producing Formation Topeka
Operator Contact Person: W. D. Short Phone:(316) 455-3576	Elevation: Ground 1917 KB  Workson Eu 18.18.03
Designate Type of Original Completion  New Well Re-Entry Workover ATO  Date of Original Completion 8/26/1964  Name of Original Operator Conoco, Inc. 28/28/20  Original Well Name George Russell #3	· 문 유 · · · · · · · · · · · · · · · · ·
Date of Original Completion 8/26/1964	1 2 4290 3960
Name of Original Operator Conoco, Inc.	3630
Original Well Name George Russell #3	S 2970 2640
Date of Recompletion:	2310
3/24/75 4/8/75 Commenced / Complexed 8/17/2000	1650
-entry Workover Workover	990 660 330
Designate Type of Recordletion/Workover: Oil	22 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Deepening Re-perforation Plug Back PBTD XX Conversion to Injection/Disposal	K.C.C. OFFICE USE ONLY  F Letter of Confidentiality Attached  C Wireline Log Received  C Drillers Timelog Received
Is recompleted production:	Distribution  KCC VCMSWD/Rep NGPA  KGS Plug Other
Commingled Docket No.  Dual Completion Docket No.  Other (Disposal or Injection?)  Docket No.	(Specify)
wireline logs and driller's time logs (not previously submi prior to or with this form for approval of commingling or d	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 ted) shall be attached with this form. Submit ACO-4 or ACO-5

tes and regulations promulgated to regulate the oil and gas industry have been fully complied complete and correct to the best of my knowledge. All requirements of with and the statement \_\_\_\_ Date \_8/23/2000 Title General Manager \_xxx 2000 ubscribed and sworn to day of August Date Commission Expires 10-30-2000Notary Public State of Kansas

perator Name <u>W</u>	· D. Short		Lease Name	South Leesbur	gWell # 103
ec. <u>13</u> Twp. <u>25</u>		East	County	Stafford	
		RECOMPLET	TION FORMATION DE	ESCRIPTION	
			log 🗀 sa	mple	
Name				<u> Top</u>	<u>Bottom</u>
		e#			
Topeka Lime				3057	3100
12 Alexandra	at the first			·,	
				<b>S</b>	
			***		
<del></del>	<del></del>	ADDITIONAL C	EMENTING/SQUEEZE	RECORD	
urpose:	Depth				
X Perforate	Top Botton	Type of Cement	# Sacks Used	Type and	Percent Additives
Protect Casing Plug Back TD	3069 70	Common	150	None	<del></del>
Division of Figure 1	3220 21	Common	100	None	<del></del>
•	<b></b>	<del> </del>		· · · · · · · · · · · · · · · · · · ·	<del></del>
	<u> </u>			<u> </u>	
Shots Per Foot	Specify Footage	PERFORATION RECORD			Shot, Cement Squeeze Record Kind of Material Used)
2	3078-3082				
	•				
•			<del></del>		
то 3180	D1	ug Type <u>Cement</u>	Retainer		
				<del></del>	
<sub>ze</sub> 2-3/8	Set At '	<b>3</b> 00:3 3040-	Packer at 30	3003 OFF SEE SKETCH,	iner Bun Ly No
te of Resumed Produ	ection. Disposal	or Injection	. 4000, 71	The state of the s	iner Run y No
timated Production	Per 24 Hours	oil	Bbls. Water	Bbls.	Gas-Oil-Ratio
sposition of Gas:		Gas	_ Mcf		