SIDE ONE

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

API NO. 15- 047-21,234-0001

County Edwards

NE NE SW Sec 19 Twp 24 Rge 16W East West

2310 Ft North from Southeast Corner of Section
2970 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

Operator: License # 5056
Name F.G. Holl Company
Address P.O.Box 780167
City/State/Zip Wichita, Ks. 67278-0167

Lease Name Brasfield Well # 1-19

Field Name ~~Enlow~~ Embry

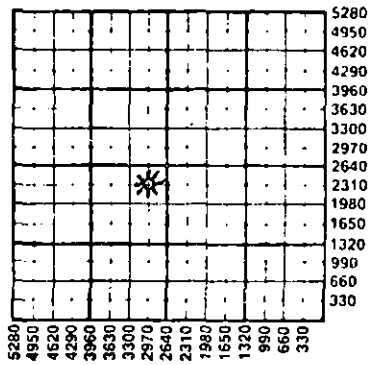
Name of New Formation Cherokee

Purchaser Prairie Gas Trans.

Operator Contact Person Becky Norris
Phone (316) 684-8481

Elevation: Ground 2091 KB 2100

Section Plat



Designate Type of Original Completion
X New Well ___ Re-Entry ___ Workover

X Oil ___ SWD ___ Temp Abd
X Gas ___ Inj ___ Delayed Comp.
___ Dry ___ Other (Core, Water Supply etc.)

Date of Original Completion: ~~2-9-85~~

DATE OF RECOMPLETION:

8-23-88 Commenced 8-24-88 Completed

Designate Type of Recompletion/Workover:

___ Deepening ___ Delayed Completion

X Plug Back ___ Re-perforation

___ Conversion to Injection/Disposal

Is recompleted production:

___ Commingled; Docket No. ___

___ Dual Completion; Docket No. ___

___ Other (Disposal or Injection)?

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)

12-6-88

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 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.

12-6-88
RECEIVED
STATE CORPORATION COMMISSION
DEC 6 1988
CONSERVATION DIVISION
Wichita, Kansas

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 Elwyn H. Nagel Title Manager Date 12-6-88

Subscribed and sworn to before me this 6th day of December 19 88

Notary Public Mary D Slagle Date Commission Expires 10/30/89

MARY D. SLAGLE
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 10/30/89

FORM ACO-2
5/88

SIDE TWO

Operator Name F.G. Holl Company Lease Name Brasfield Well # 1-19

Sec 19 Twp 24 Rge 16W East / West County Edwards

RECOMPLETED FORMATION DESCRIPTION:

X Log ____ Sample

Name	Top	Bottom
LKC	3872 (-1772)	
BKC	4151 (-2051)	
Cherokee	4278 (-2178)	
Cherokee sd.	4304 (-2204)	
Conglomerate	4312 (-2212)	
Mississippi	4346 (-2246)	
Viola	4498 (-2398)	

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top	Depth Bottom	Type of Cement	# Sacks Used	Type & Percent Additives
___ Perforate					
___ Protect Casing					
___ Plug Back TD					
___ Plug Off Zone					

Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)
4	4304-4309	

PBTD 4340 Plug Type CIBP

TUBING RECORD:

Size 2" Set At ____ Packer At -- Was Liner Run? ____ Y X N

Date of Resumed Production, Disposal or Injection 8-25-88.

Estimated Production Per 24 Hours -- 5 bbl/oil ____ bbl/water

100 MCF gas ____ -- gas-oil ratio