

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

Operator: License # 5893
Name PRATT WELL SERVICE
Address P.O. Box 847
Pratt, Kansas 67124
City/State/Zip _____

Purchaser _____
Operator Contact Person Mr. Ken Gates
Phone 316-672-2531

Designate Type of Original Completion
 New Well Re-Entry Workover

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

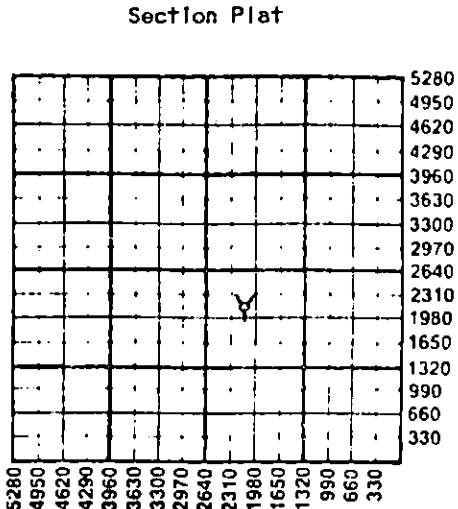
Date of Original Completion: 12/05/39

DATE OF RECOMPLETION:
8/14/87 5/26/88
Commenced Completed

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

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

API NO. 15- 39
County STAFFORD
Nw-Nw-Set Sec 16 Twp 21 Rge 11 East West
2200' Ft North from Southeast Corner of Section
2200' Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)
Lease Name SMITH Well # 2-B
Field Name SNYDER NORTH
Name of New Formation _____
Elevation: Ground _____ KB 1751'



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)
.....
.....
7-11-88

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 OP-4 with all plugged wells. Submit OP-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 Agent Date 7/07/88
Subscribed and sworn to before me this 7th day of July 19 88
Notary Public [Signature] Date Commission Expires 3-10-92



RECEIVED
STATE CORPORATION COMMISSION

JUL 11 1988
7-11-1988
CONSERVATION DIVISION
Wichita, Kansas

X

SIDE TWO

Operator Name PRATT WELL SERVICE Lease Name SMITH Well # B-2

Sec 16 Twp 21 Rge 11 East
XWest County STAFFORD

RECOMPLETED FORMATION DESCRIPTION:

Log XX Sample

Name ARBUCKLE Top 3407' Bottom 3562'

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	# Sacks Used	Type & Percent Additives
	Top	Bottom			
<input type="checkbox"/> Perforate					
<input type="checkbox"/> Protect Casing					
<input type="checkbox"/> Plug Back TD					
<input checked="" type="checkbox"/> Plug Off Zone	<u>3300'</u>	<u>3427'</u>	<u>4" Liner - Common</u>	<u>50 sks</u>	<u>common. (For Squeeze)</u>

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 2 3/8" Set At 2426.5' Packer At 3410' Was Liner Run? XXX Y _____ N _____

Date of Resumed Production, Disposal or Injection awaiting approval!

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

15.185.19117.0001

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION OR RECOMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 5893
Name PRATT WELL SERVICE, INC.
Address P.O. BOX 847
PRATT, KANSAS 67124
City/State/Zip

Purchaser

Operator Contact Person Mr. Ken Gates
Phone (316) 672-2531

Contractor: License #
Name

Wellsite Geologist David P. Williams
Phone (316) 793-5685

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

If OWWO: old well info as follows:
Operator CITIES SERVICE COMPANY
Well Name SMITH B-2
Comp. Date 12/05/39 Old Total Depth 3414'

WELL HISTORY

Drilling Method:
 Mud Rotary Air Rotary Cable
11/18/39 12/05/39 12/05/39
Spud Date Date Reached TD Completion Date
3417' 3414'
Total Depth PBTD

Amount of Surface Pipe Set and Cemented at 334 feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set.....feet
If alternate 2 completion, cement circulated
from.....feet depth to.....w/.....SX cmt
Cement Company Name
Invoice # A/I

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 spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 all wireline logs and drillers time log shall be attached with this form. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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 David P. Williams
Title Agent For PRATT Well Service Date 6/27/88

Subscribed and sworn to before me this 27 day of June 1988
Notary Public Michael Johnson
Date Commission Expires



API NO. 15-
County STAFFORD
2200' FEL-2200' FSL 16 Sec. 16 Twp. 21 Rge. 11 East XX West

2200' Ft North from Southeast Corner of Section
2200' Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

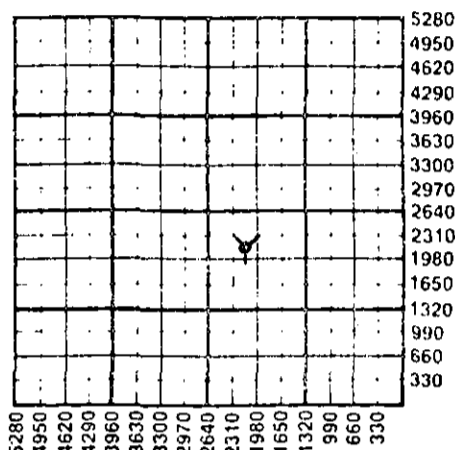
Lease Name SMITH Well # B-2

Field Name SNYDER SOUTH

Producing Formation Original (Arbuckle and Simpson)

Elevation: Ground KB 1751'

Section Plat



WATER SUPPLY INFORMATION

Disposition of Produced Water: Disposal
Docket # Repressuring

Questions on this portion of the ACO-1 call:

Water Resources Board (913) 296-3717

Source of Water:
Division of Water Resources Permit #

Groundwater.....Ft North from Southeast Corner
(Well)Ft West from Southeast Corner of
Sec Twp Rge East West

Surface Water.....Ft North from Southeast Corner
(Stream, pond etc).....Ft West from Southeast Corner
Sec Twp Rge East West

Other (explain).....
(purchased from city, R.W.D. #)

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)
6-30-88

Sec. 16 Twp. 21 Rge. 11 E

Operator Name PRATT WELL SERVICE, INC. Lease Name SMITH Well # B

Sec. 16 Twp. 21 Rge. 11 East West County STAFFORD

WELL LOG

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No

Formation Description
 Log Sample

Name	Top	Bottom
TOPEKA	2730'	
LANSING	3112'	
CONGLOMERATE	3355'	
SIMPSON SAND	3359'	3378'
ARBUCKLE	3403'	
O.T.D.	3417'	
P.B.T.D.	3414'	
DD For SWD	3562'	

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (in O.D.)	Weight Lbs/Ft.	Setting Depth	Type of Cement	#Sacks Used	Type and Percent Additives
SURFACE	12 1/4"	8 5/8"	23#	334'	Common	150sx	unknown
Production	7 7/8"	5 1/2"	15#	3407'	Common	115sx	unknown
Liner	5 1/2"	4"	10 1/2#	3427'	Pozmix	50sx	unknown

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

TUBING RECORD	Size	Set At	Packer at	Liner Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	2 3/8"	3426.5'	3395'		

Date of First Production	Producing Method				
	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (explain).....				
Estimated Production Per 24 Hours	Oil	Gas	Water	Gas-Oil Ratio	Gravity
	Bbls	MCF	Bbls	CFPB	

METHOD OF COMPLETION Production Interval

Disposition of gas: Vented Open Hole Perforation
 Sold Other (Specify)
 Used on Lease Dually Completed
 Commingled