

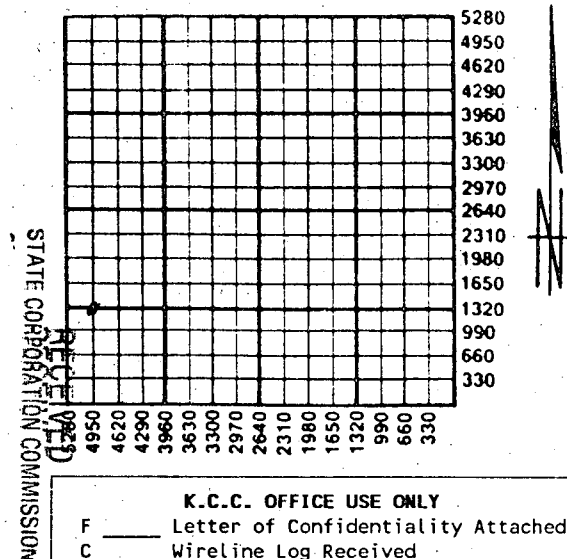
SIDE ONE

ORIGINAL

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

Operator: License # 5428Name: Graves Drilling Co., Inc.Address: P. O. Box 8250City/State/Zip: Wichita, KS 67211Purchaser: Koch Oil CompanyOperator Contact Person:
Phone: (316) 687-2777Designate Type of Original Completion
 New Well Re-Entry X WorkoverDate of Original Completion 4-13-90Name of Original Operator Graves Drilling Co.Original Well Name Garten #5Date of Recompletion:
10-10-90 10-12-90
Commenced CompletedRe-entry ☐ Workover ☒Designate Type of Recompletion/Workover:
X Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)
 Deepening X Re-perforation
 Plug Back PBD
 Conversion to Injection/DisposalIs recompleted production:
 Commingled Docket No.
 Dual Completion Docket No.
 Other (Disposal or Injection?) Docket No. API NO. 15- 007-22,297-00-01County BarberSection W $\frac{1}{2}$ W $\frac{1}{2}$ Sec. 11 Twp. 32 Rge. 12 X East West1320 Ft. North from Southeast Corner of Section4950 Ft. West from Southeast Corner of Section

(NOTE: Locate well in section plat below.)

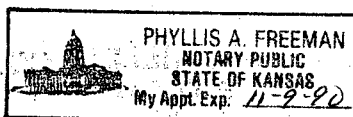
Lease Name Garten Well # 5Field Name Bloom NorthProducing Formation MississippianElevation: Ground 1470' KB 1478'

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 Fredrick W. Stamp Title Geologist Date Nov. 9, 1990Subscribed and sworn to before me this 9th day of November 19 1990Notary Public Phyllis A. Freeman Date Commission Expires 6-9-94

Phyllis A. Freeman

FORM ACO-2
7/89

ORIGINAL

SIDE TWO

Operator Name Graves Drilling Co., Inc. Lease Name Garten Well # 5Sec. 11 Twp. 32S Rge. 12
☐ East
☒ WestCounty Barber

RECOMPLETION FORMATION DESCRIPTION

☐ Log ☐ Sample

Name

Top

Bottom

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	# Sacks Used	Type and 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, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)
2	4294 - 4300; 4284-4294	1000 gal. 7½%; Frac w/30,000# 100
		mesh sd, 32,000# 20-40 sd, & 76,000#
		12-20 & 16-30 sd. & 2000 bbls.
		gel. wtr.

PBDT _____ Plug Type _____

TUBING RECORD

Size 2 3/8 Set At 4319' Packer At none Was Liner Run _____ Y x NDate of Resumed Production, Disposal or Injection 10-12-90Estimated Production Per 24 Hours Oil 30 Bbls. Water 10 Bbls. 1-666 Gas-Oil-Ratio
Gas 20 Mcf

Disposition of Gas:

☐ Vented ☒ Sold ☐ Used on Lease (If vented, submit ACO-18.)