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

Operator: License # 4116
Name: Stice Oil Company
Address: Rt. #2, Box #65
City/State/Zip: Stockton, Ks. 67669
Purchaser: Farmland
Operator Contact Person: Phone: (315) 425-7240

Designate Type of Original Completion
___ New Well ___ Re-Entry ___ Workover
Date of Original Completion 6/5/87
Name of Original Operator Advantage Resources
Original Well Name Probasco B 16-23X
Date of Recompletion: 1/18/91

Designate Type of Recompletion/Workover:
___ Oil ___ SWD ___ A Temp. Abd.
___ Gas ___ Inj ___ Delayed Comp.
___ Dry ___ Other (Core, Water Supply, etc.)
___ Deepening ___ Re-perforation
___ Plug Back ___ 3645 PBDT
___ Conversion to Injection/Disposal

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

API No. 15-163-22918-00-01
County ROOKS
Lease Name Probasco
Well # 16-23X
Producing Formation Argus
Elevation: Ground 2150 KB 2155

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 this 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: (Signature) Title: (Title) Date: 5-23-91
Subscribed and sworn to before me this 31 day of May 1991
Notary Public (Notary Public) Date Commission Expires 04-17-92

Patricia Cook
NOTARY PUBLIC
State of Kansas
My Appt. Expires 04-17-92

FORM ACO-2
7/89
### ADDITIONAL CEMENTING/SQUEEZE RECORD

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Depth</th>
<th>Type of Cement</th>
<th># Sacks Used</th>
<th>Type and Percent Additives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perforate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protect Casing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plug Back TD</td>
<td>364.5</td>
<td>comm/</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Plug Off Zone</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PERFORATION RECORD

**Shots Per Foot**

Specify footage of each interval perforated

**None**

### TUBING RECORD

<table>
<thead>
<tr>
<th>Size</th>
<th>Plug Type</th>
<th>Cement</th>
</tr>
</thead>
</table>

Date of Resumed Production, Disposal or Injection

Estimated Production Per 24 Hours

- **Oil**: 0 Bbls.
- **Water**: 0 Bbls.
- **Gas-Oil-Ratio**: 0

Disposition of Gas:

- **Gas**: 0 Mcf

- **Vented**: 0
- **Sold**: 0
- **Used on Lease**: 0

(if vented, submit ACO-18.)