

COPY

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

Operator: License # 5135
Name: John O. Farmer, Inc.
Address P.O. Box 352
City/State/Zip Russell, KS 67665

Purchaser: Farmland Industries, Inc.

Operator Contact Person: John O. Farmer III
Phone (913) 483-3144

Actor: Name: POE WELL SERVICE
License: 3152
Wellsite Geologist: _____

Designate Type of Completion

☐ New Well ☐ Re-Entry ☒ Workover
☐ Oil ☒ SWD ☐ SIOW ☐ Temp. Abd.
☐ Gas ☐ ENHR ☐ SIGW
☐ Dry ☐ Other (Core, WSW, Expl., Cathodic, etc.)
If Workover/Re-Entry: old well info. as follows:

Operator: John O. Farmer, Inc.
Well Name: McGuire "C" #1 SWD
Comp. Date 1/79 Old Total Depth 4010'

☐ Deepening ☒ Re-perf. ☐ Conv. to Inj/SWD
☐ Plug Back ☐ PBTD
☐ Commingled Docket No. _____
☐ Dual Completion Docket No. _____
☒ Other (SWD or Inj?) Docket No. D-19,538
(ran packer in well)

3-7-11-97

7-11-97

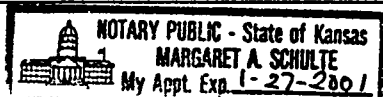
DATE OF START Date Reached TD Completion Date of WORKOVER

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 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 mths). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. 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 John O. Farmer III
John O. Farmer III
Title President Date 8-4-97
Subscribed and sworn to before me this 4th day of August,
19 97.

Notary Public Margaret A. Schulte
Margaret A. Schulte
Date Commission Expires _____



API NO. 15- 065-20,630-00-02

County Graham

SW - NW - SW Sec. 8 Twp. 10S Rge. 25 E W

1650 Feet from S (circle one) Line of Section

330 Feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE NW or S (circle one)

Lease Name McGuire "C" Well # 1

Field Name Gurk Northeast

Producing Formation Cedar Hills

Elevation: Ground 2511' KB 2516'

Total Depth 4010' PBTD 2037'

Amount of Surface Pipe Set and Cemented at 276 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 2037
feet depth to surface w/ 450 sx cmt.

Drilling Fluid Management Plan REWORK JX 3/31/98
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

K.C.C. OFFICE USE ONLY	
F	<input type="checkbox"/> Letter of Confidentiality Attached
C	<input type="checkbox"/> Wireline Log Received
C	<input type="checkbox"/> Geologist Report Received
Distribution	
<input checked="" type="checkbox"/> KCC	<input type="checkbox"/> SWD/Rep
<input type="checkbox"/> KGS	<input type="checkbox"/> Plug
	<input checked="" type="checkbox"/> NGPA
	<input type="checkbox"/> Other (Specify) _____

Form ACO-1 (7-91)

78143

SIDE TWO

Operator Name John O. Farmer, Inc. Lease Name McGuire "C" Well # 1
☐ East County Graham
 Sec. 8 Twp. 10S Rge. 25 ☒ West

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
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey ☐ Yes ☒ No
 Cores Taken ☐ Yes ☒ No
 Electric Log Run ☐ Yes ☒ No
 (Submit Copy.)
 List All E.Logs Run:

☐ Log Formation (Top), Depth and Datums ☐ Sample
 Name Top Datum

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
S.W.D.	7-7/8"	4-1/2"	10-1/2#	2037'	50/50 Pozmix	450	6% gel

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input 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 - Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
1 SPF	1720-80 (60')	none	

TUBING RECORD		Size 2-3/8"	Set At 1549'	Packer At 1549'	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Date of First, Resumed Production, SMD or Inj.			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	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas: ☐ Vented ☐ Sold ☐ Used on Lease (If vented, submit ACO-18.) METHOD OF COMPLETION ☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled ☐ Other (Specify) _____ Production Interval 1720-80 (60')