

COPY

and

FORM MUST BE TYPED

SIDE ONE

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: _____

Operator Contact Person: Marge Schulte
 Phone (913) 483-3144

Contractor: Name: Abercrombie RTD, Inc.
 License: 30684
 Wellsite Geologist: John O. Farmer IV

Designate Type of Completion

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

Operator: _____
 Well Name: _____
 Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

6-28-96 7-7-96
 Spud Date Date Reached TD Completion Date

API NO. 15- 109-20,629-00-00

County Logan
 130' North & 160' West of _____ E
 _____ - NW - NE - SE Sec. 24 Twp. 11S Rge. 32 X W

2440 Feet from SN (circle one) Line of Section
1150 Feet from EW (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE, SE NW or SW (circle one)

Lease Name Durham Well # 1
 Field Name Campus Southwest
 Producing Formation _____

Elevation: Ground 3002' KB 3007'
 Total Depth 4660' PBTD _____

Amount of Surface Pipe Set and Cemented at 208 Feet

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

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

Drilling Fluid Management Plan D&A U.C. 12-16-91
 (Data must be collected from the Reserve Pit)

Chloride content 8,000 ppm Fluid volume 1,800 bbls
 Dewatering method used evaporation

Location of fluid disposal if hauled offsite RECEIVED
 (not hauled) KANSAS CORPORATION COMMISSION

Operator Name _____

Lease Name JU 1st 9-1996

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

County _____ Docket No. WICHITA, KS

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 months). 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.

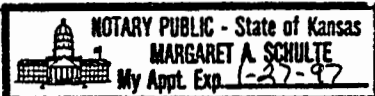
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature John O. Farmer III
 John O. Farmer III
 President Date 7-18-96
 Subscribed and sworn to before me this 18th day of July,
 19 96.

Notary Public Margaret A. Schulte
 Margaret A. Schulte

Date Commission Expires _____

K.C.C. OFFICE USE ONLY		
F	<input type="checkbox"/>	Letter of Confidentiality Attached
C	<input checked="" type="checkbox"/>	Wireline Log Received
C	<input checked="" 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 checked="" type="checkbox"/> Other (Specify)



Form ACO-1 (7-91)

SIDE TWO

Operator Name John O. Farmer, Inc. Lease Name Durham Well # 1
 East County Logan
 Sec. 24 Twp. 11S Rge. 32 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 (Attach Additional Sheets.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Base/Anhydrite	2532' (+475)
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Heebner	3980' (-973)
List All E.Logs Run:	RA Guard Log	Lansing	4020' (-1013)
		Stark Shale	4240' (-1233)
		Base Kansas City	4301' (-1295)
		Pawnee	4422' (-1415)
		Fort Scott	4488' (-1481)
		Cherokee	4516' (-1509)
		Johnson Zone	4558' (-1551)
		Mississippi	4619' (-1612)
		L.T.D.	4660' (-1653)

CASING RECORD <input checked="" 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"	20#	208'	60/40 Pozmix	160	3% C.C., 2% ge

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

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or Inj.	Producing Method
<u>D & A</u>	<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
	<u>N-A</u>	<u>N-A</u>			

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 _____