

COPY

FORM MUST BE TYPED

CONFIDENTIAL

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: Farmland Industries, Inc.

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

Contractor: Name: VonFeldt Drilling, Inc.
 License: 9431
 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.)

If 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 _____
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

11-11-96 11-16-96 12-9-96
 Spud Date Date Reached TD Completion Date

API NO. 15- 167-23,128-00-00
 County Russell
 60' East of _____ E
 - N/2 - SE - SE Sec. 30 Twp. 14S Rge. 12 X W

990 Feet from S (circle one) Line of Section
600 Feet from E (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE, SE NW or SW (circle one)

Lease Name Smoky River Well # 35
 Field Name Hall-Gurney
 Producing Formation Arbuckle

Elevation: Ground 1654' KB 1659'
 Total Depth 3105' PBDT _____

Amount of Surface Pipe Set and Cemented at 365 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 ALT 1 9/1 5-15-97
 (Data must be collected from the Reserve Pit)

Chloride content 7,000 ppm Fluid volume 800 bbl
 Dewatering method used Pumped off

Location of fluid disposal if hauled offsite: Used for drilling
 (after encountering lost circulation zone at 330' in this well)
 Operator Name _____

Lease Name MAR 6 License No. _____
 _____ Sec. _____ Twp. _____ Rge. _____ E/W

County _____ Docket No. 24

RELEASED
MAY 16 1997

FROM CONFIDENTIAL

RECEIVED
 KANSAS CORP COM
 1997 MAR 17 10 24

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, Inc.
 Title President Date 3-6-97
 Subscribed and sworn to before me this 6th day of March, 19 97.
 Notary Public Margaret A. Schulte
 Margaret A. Schulte
 Date Commission Expires _____

K.C.C. OFFICE USE ONLY
 F Letter of Confidentiality Attached
 C Wireline Log Received
 C Geologist Report Received
 Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
 (Specify)

NOTARY PUBLIC - State of Kansas
 MARGARET A. SCHULTE
 My Appt. Exp. 1-27-2001

Y402

SIDE TWO

Operator Name John O. Farmer, Inc. Lease Name Smoky River Well # 35
 Sec. 30 Twp. 14S Rge. 12 East West
 County Russell

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 type="checkbox"/> Log Formation (Top), Depth and Datums Name Top	<input checked="" type="checkbox"/> Sample Datum
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite	609' (+1050)
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Topeka	2524' (-865)
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Heebner	2744' (-1085)
List All E.Logs Run: Gamma Ray Neutron, Cement Bond		Toronto	2762' (-1103)
		Lansing	2808' (-1149)
		Stark Shale	3020' (-1361)
		Base/Kansas City	3079' (-1420)
		Gorham Sand	3102' (-1443)
		R.T.D.	3105' (-1446)

CASING RECORD							
<input type="checkbox"/> New <input checked="" 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"	28#	365'	60-40 Pozmix	190	3% C.C., 2% gel
Production	7-7/8"	5-1/2"	14#	3101'	ASC	115	10% salt, 5% gil. 5 bbls. salt flush

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate	Top Bottom			
<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
Open Hole	3128-33 (5')			

TUBING RECORD	Size 2-7/8"	Set At 3092'	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. 12-14-96	Producing Method <input type="checkbox"/> Flowing <input checked="" 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: 3128-33 (5')