

CORRECT ACO-1 FILING - CORRECTION OF FOOTAGE FSL

Jul

FORM MUST BE TYPED

SIDE ONE

077-21210

COPY

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

Operator: License 8061
 Name: OIL PRODUCERS, INC. OF KANSAS
 Address P.O. BOX 8647
 City/State/Zip WICHITA, KANSAS 67208
 Purchaser: FARMLAND INDUSTRIES, Inc
 Operator Contact Person: DIANA RICHECKY
 Phone (316) 681-0231
 Contractor: Name: Duke Drilling Co., Inc.
 License: 5929
 Wellsite Geologist: WILLIAM SHEPHERD

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:

Operator: _____
 Well Name: _____
 Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
 09/24/96 _____ 09/30/96 _____ 10/21/96 _____
 Spud Date Date Reached TD Completion Date

API NO. 15- _____
 County HARPER
 - W/2- E/2- NE Sec. 15 Twp. 33 Rge. 6 W
3960 Feet from N (circle one) Line of Section
990 Feet from W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE, SE NW or SW (circle one)
 Lease Name HARRISON Well # 1
 Field Name _____
 Producing Formation Mississippi
 Elevation: Ground 1330 KB 1338
 Total Depth 4599' PBDT NA
 Amount of Surface Pipe Set and Cemented at 229
 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-4, 3-25-98 U.C.
 (Data must be collected from the Reserve Pit)

Chloride content 3840 ppm Fluid volume 320 bbls
 Dewatering method used: Evaporation and allow to dry, restore area to near normal
 Location of fluid disposal if hauled offsite: _____
 Operator Name _____
 Lease Name _____ License No. _____
 Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W _____
 County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market, Room 2078, Wichita, Ks. 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. |

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

Signature Gregory Reason
 Title Controller Date 03/24/98
 Subscribed and sworn to before me this 24th of March, 1998.
 Notary Public Diana L. Richecky
 Date Commission Expires Jan 12, 2000

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

DIANA L. RICHECKY
 Notary Public - State of Kansas
 My Appt. Expires 1/12/2000

Form ACO-1 (7-91)

RECEIVED
 KANSAS CORP COM
 1998 MAR 25 12:00

SIDE TWO

Operator Name Oil Producers, Inc. of Kansas Lease Name HARRISON Well # 1
 Sec. 15 Twp. 33S Rge. 6 East County HARPER 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: Correlation Cement Bond Log
 Compensated Density Neutron Log
 Dual Induction Log, Geo Log

Name	Formation (Top), Depth and Datum		Datum
	Top		
Heebner	3173		-1835
Iatan	3536		-2198
Kansas City	3790		-2452
Mississippi	4410		-3072
LTD	4601		-3263

COPY

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"	20	229	60 40 poz	160	2% gel, 3%cc
PRODUCTION		4 1/2"	10.5	4596	50 50 POZ	50	
					EA-2	100	5% cc 18% salt

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				

PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
Shots Per Foot	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
4 shots	see attached completion report		

TUBING RECORD				
Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj. plugged after initial compl.	Producing Method	Flowing	Pumping	Gas Lift	Other (Explain)

Estimated Production	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	N-A				

Disposition of Gas: **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
 (If vented, submit ACO-18.) Other (Specify) _____

RECEIVED
 KANSAS CORP COMM
 1997 MAR - 3 P 1:58