MUST BE TYPED

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

Operator Contact Person: DIANA RICHECKY

Phone (316) 681-0231

Contractor: Name: ~~DUKE DRILLING CO., INC.~~ KIOWA WELL SERVICE

License: 31625

Wellsite Geologist: WILLIAM SHEPHERD

Designate **Type of Completion**
____ New Well XXX Re-Entry X Workover

____ Oil ____ SWD ____ SIOW ____ Temp. Abd.
X Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

If **Workover:**

Operator: Sho-Bar Energy, Inc.

Well Name: Carothers 1-11

Comp. Date 2/6/86 Old Total Depth 4825

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

2/13/96 02/14/96 03/14/96
Date OF START OF WORKOVER Date Reached TD Completion Date OF WORKOVER

SIDE ONE

COPY

API NO. 15- 077-21,144 0001

County HARPER

E/2- NE - NE Sec. 11 Twp. ~~32~~ 33 Rge. 6 E/W

4620 Feet from S/N (circle one) Line of Section

330 Feet from E/W (circle one) Line of Section

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

Lease Name CAROTHER BROS. OWWO Well # 1

Field Name

Producing Formation MISSISSIPPI DOLOMITE

Elevation: Ground 1326 KB 1335

Total Depth 4825' PBTD 4443

Amount of Surface Pipe Set and Cemented at OWWO @ 251

Multiple Stage Cementing Collar Used? ____ Yes X No

If yes, show depth set ____ Feet

If Alternate II completion, cement circulated from ____

feet depth to ____ w/ ____ sx cmt.

Drilling Fluid Management Plan REENTRY JH 3-24-98
(Data must be collected from the Reserve Pit)

Chloride content 1350 ppm Fluid volume 480 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, 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 S. Weir

Title President Date 2/28/97

Subscribed and sworn to before me this 28th of February, 19 97.

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
✓ KCC ____ SWD/Rep ____ NGPA
____ KGS ____ Plug ✓ Other (Specify) TS

Form ACO-1 (7-91)

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

RECEIVED
KANSAS CORP COMM
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