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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

Contractor: Name: POE WELL SERVICE & WESTERN 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: Albertson #1 Producer
Comp. Date 12-30-76 Old Total Depth 3965'

Deepening Re-perf. Conv. to (Inj) SWD
 Plug Back PBTD
 Commingled Docket No. E-23,923
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
6-18-97 7-11-97

Date of START OF WORKOVER Date Reached TD Completion Date of WORKOVER

API NO. 15- 065-20,890-00-01
County Graham
SE - SE - NW Sec. 18 Twp. 9S Rge. 23 X W

2310 Feet from S (N) (circle one) Line of Section
2310 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 Albertson Well # 1
Field Name Ernst Northwest
XXXXXXXXXX Formation Lansing "I" and "K"
(Injection)
Elevation: Ground 2373' KB 2378'
Total Depth 3965' PBTD 3924'

Amount of Surface Pipe Set and Cemented at 201 Feet

(PERFORATIONS) Yes No
If yes, show depth set 2030' w/450 sacks Feet

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

Drilling Fluid Management Plan REWORK JH 11-18-97
(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. _____

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.

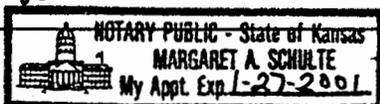
Signature John O. Farmer

Title President Date 7-30-97

Subscribed and sworn to before me this 30th day of July, 1997.

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
 KGS Plug NQPA
 Other (Specify) TS

05472

SIDE TWO

Operator Name John O. Farmer, Inc. Lease Name Albertson Well # #1
 East County Graham
 Sec. 18 Twp. 9S Rge. 23 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
Surface	12-1/4"	8-5/8"	26#	201'	Common	150	
Production	7-7/8"	4-1/2"	10-1/2#	3964'	60/40 Pozmix	175	10% salt

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Protect Casing	780'	60/40 Pozmix	175	6% gel
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone	450'	60/40 Pozmix	175	6% gel

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
4 SPF	3871-75 (4')		1000 gals. 15% NE	3871-75'
4 SPF	3908-13 (5')		1000 gals. 28% NE	3908-13'

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2-3/8"	3828'	3828'	

Date of First, Resumed Production, SWD or Inj. 7-18-97 Producing Method Flowing Pumping Gas Lift Other (Injection) (Injection)

Estimated (Injection) Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
			320 BWP		

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 3871-75'
3908-13'