

18-9-23W

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
RECOMPLETION FORM
AOO-2 AMENDMENT TO WELL HISTORY

API NO. 15- 065-22,342-0001

County Graham

C SE NW Sec 18 Twp 9S Rge 23 X East West

Operator: License # 5135
Name John O. Farmer, Inc.
Address P.O. Box 352
Russell, KS 67665
City/State/Zip _____

3300 Ft North from Southeast Corner of Section
3300 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

Lease Name Albertson Well # 2

Field Name Ernst Northwest

Purchaser _____

Name of New Formation Cheyenne

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

(Estimated)
Elevation: Ground 2335' KB 2340'

Designate Type of Original Completion
 New Well Re-Entry Workover

APR 13 1989

Oil SWD Temp Abd
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply etc.)

Date of Original Completion: 12-18-86

DATE OF RECOMPLETION:

4-5-89 4-10-89
Commenced Completed

Designate Type of Recompletion/Workover:

Deepening Delayed Completion

Plug Back Re-perforation

Conversion to Injection/Disposal

Is recompleted production:

Commingled; Docket No. _____

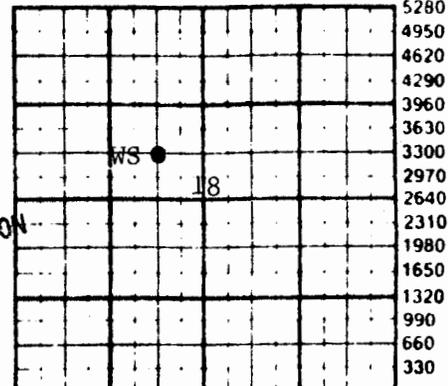
Dual Completion; Docket No. _____

Other (Disposal or Injection)?

RECEIVED
STATE CORPORATION COMMISSION

APR 12 1989

CONSERVATION DIVISION
Wichita, Kansas



KANSAS GEOLOGICAL SURVEY
WICHITA BRANCH

K. C. C. OFFICE USE ONLY

Letter of Confidentiality Attached
 Wireline Log Received
 Drillers Timelog Received

Distribution

KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

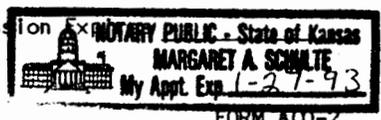
INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the recompletion of any well. Rules 82-3-107 and 82-3-141 apply. Information on side two of this form will be held confidential 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 any additional wireline logs and driller's time logs (not previously submitted) shall be attached with this form. Submit AOO-4 prior to or with this form for approval of commingling or dual completions. Submit OP-4 with all plugged wells. Submit OP-111 with all temporarily abandoned wells. NOTE: Conversion of wells to either disposal or injection must receive approval before use; submit form U-1.

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 Title Vice-president Date April 11, 1989

Subscribed and sworn to before me this 11th day of April, 19 89

Notary Public Margaret A. Schulte Date Commission Expires 1-27-93



68058

SIDE TWO

Operator Name John O. Farmer, Inc. Lease Name Albertson Water Well # 2

Sec 18 Twp 9S Rge 23 East West County Graham

RECOMPLETED FORMATION DESCRIPTION:

Log Sample

Name	Top	Bottom
Cheyenne	1356'	1366'

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	# Sacks Used	Type & Percent Additives
	Top	Bottom			
<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	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)
	Specify Footage of Each Interval Perforated	
4	1356-66'	None

PBTD 1403' Plug Type cast iron bridge plug

TUBING RECORD:

Size 2-7/8" Set At 1085' Packer At _____ Was Liner Run? Y X N

Date of Resumed Production, Disposal or Injection April 10, 1989

Estimated Production Per 24 Hours _____ bbl/oil _____ bbl/water

_____ MCF gas _____ gas-oil ratio

This is a water source well for the Albertson-Klenk Waterflood. This rework was reviewed and approved by the KCC District Office in Hays, Kansas.