

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

API NO. 15- 153-20,271-00-01

County Rawlins
150' South & 150' West of E
- C - NW - NE Sec. 22 Twp. 1S Rge. 32 X W

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

810 Feet from S (circle one) Line of Section
2130 Feet from E/W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE NW or SW (circle one)

Purchaser: Cooperative Refining, LLC

Lease Name Walsh Well # 1
Field Name Wilhelm East
XXXXXXX Formation Lansing 190' zone

Operator Contact Person: John O. Farmer III
Phone (913) 483-3144

(Injection)
Elevation: Ground 2972' KB 2977'
Total Depth 4160' PBDT 4100'

Contractor: Name: _____
License: _____
Wellsite Geologist: _____

Amount of Surface Pipe Set and Cemented at _____ Feet

Designate Type of Completion
 New Well Re-Entry Workover

Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet

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

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

If Workover/Re-Entry: old well info. as follows:

Drilling Fluid Management Plan Re-work, 4-5-00
(Data must be collected from the Reserve Pit) U.C.

Operator: John O. Farmer, Inc.
Well Name: Walsh #1 Producer
Comp. Date 1-21-77 Old Total Depth 4160'

Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back _____ PBDT
 Commingled Docket No. E-27,159
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

3-1-00
Start Date _____ Date Reached TD _____ Completion Date _____

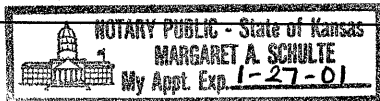
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on 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 III
Title President Date 4-3-00
Subscribed and sworn to before me this 3rd day of April,
20 00.

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)

SIDE TWO

Operator Name John O. Farmer, Inc. Lease Name Walsh Well # #1

Sec. 22 Twp. 1S Rge. 32 East West County Rawlins

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.)

Log Formation (Top), Depth and Datums Sample
 Name Top Datum

List All E.Logs Run:

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#	313'	Common	175	2% gel, 3% C.C.
Production	7-7/8"	4-1/2"	10-1/2#	4157'	Common	150	salt saturated

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	3992-3995'	Common	125	2% C.C.
<input type="checkbox"/> Plug Back TD				
<input checked="" type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4 SPF	4091-4096 (5')	2000 gals. 15% NE	
4 SPF	3992-3995 (3')	750 gals. 28% NE	3992-95'

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2-3/8" PVC lined		3929'	

Date of First, Resumed Production, SWD or Inj. (Injection)	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Injection) (Explain)

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

XXXXXXXXXX Interval (Injection) 4091-4096 (5')

ALLIED CEMENTING CO., INC.

1780 ORIGINAL

Federal Tax I.D. #

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

5-153-20271-00-01

SERVICE POINT: Oakley

DATE <u>3-1-00</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>10:00 AM</u>	JOB START	JOB FINISH <u>4:00 PM</u>
LEASE <u>Walsh</u>	WELL # <u>1</u>	LOCATION <u>Herdson 1/2 N-4 W-1 N-1 W-1 N</u>			COUNTY <u>Rawlins</u>	STATE <u>Kan</u>	
OLD OR NEW (Circle one)				<u>1 W-1 N</u>			

CONTRACTOR <u>Poe Servicing</u>	OWNER <u>Same</u>
TYPE OF JOB <u>Squeeze</u>	
HOLE SIZE _____ T.D. _____	CEMENT _____
CASING SIZE <u>4 1/2</u> DEPTH _____	AMOUNT ORDERED <u>150 SK COM, 2-Sand, 2-CC</u>
TUBING SIZE <u>2"</u> DEPTH _____	
DRILL PIPE _____ DEPTH _____	
TOOL <u>Reinhardt</u> DEPTH <u>3923'</u>	
PRES. MAX _____ MINIMUM _____	COMMON _____ @ _____
MEAS. LINE _____ SHOE JOINT _____	POZMIX _____ @ _____
CEMENT LEFT IN CSG. _____	GEL _____ @ _____
PERFS. <u>3993-98</u> <u>Plus 2 4045</u>	CHLORIDE _____ @ _____
DISPLACEMENT _____	_____ @ _____

COPY

EQUIPMENT

PUMP TRUCK CEMENTER <u>Walt</u>	
# <u>191</u> HELPER <u>Dean</u>	
BULK TRUCK _____	HANDLING _____ @ _____
# <u>218</u> DRIVER <u>Andrew</u>	MILEAGE _____ @ _____
BULK TRUCK _____	
# _____ DRIVER _____	TOTAL _____

REMARKS:

Test Plug 2-2000# Held Spot
2-Sand, Set Parker above Perfs
Took rate: 4 BPM @ 400#, Mixer 100
SKs com, 2% cc Tail in W-50 SKs com
Went on Vacuum 7 BBL, Displace 1 1/2 BBL
Squeeze to 1000#, Washed out Tubing
Pulled 5 Jts Test Squeeze @ 1000# Held
put 500# on Squeeze, Shut in

SERVICE

DEPTH OF JOB _____	
PUMP TRUCK CHARGE _____	
EXTRA FOOTAGE _____ @ _____	
MILEAGE <u>miles</u> @ <u>285</u>	
PLUG _____ @ _____	
_____ @ _____	
TOTAL _____	

CHARGE TO: John O. Farmer
STREET _____
CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
TOTAL _____	

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____
TOTAL CHARGE _____
DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE [Signature]

PRINTED NAME _____

APR 4 2000

CONSERVATION DIVISION
Wichita, Kansas

15-153-20271-00-01
NEW

ORIGINAL

CASING MECHANICAL INTEGRITY TEST	
Disposal <input type="checkbox"/>	Enhanced Recovery:
	Repressuring <input type="checkbox"/>
	Flood <input checked="" type="checkbox"/>
	Tertiary <input type="checkbox"/>
Date Injection Started: _____	
API # 15 - _____	

DOCKET # _____
C NW NE, Sec 22, Twp 1 s, Rge 32W

4620 Feet from South Section Line
1980 Feet from East Section Line

Lease WALCH Well # 1
County RAWLINS KCC

COPY

Operator: JEAN O. FARMER ENCL. Operator License: 5135

Address: 370 W. WICHITA AVE Contact Person: J.C. FARMER III MAR 31 2000

RUSSELL, KANSAS 67665 Phone: 785-483-3144 HAYS KS

Maximum Authorized Injection Pressure: _____ psi; Maximum Injection Rate _____ bbl/day;
If Dual Completion - Injection above production _____; Injection below production _____

Size	Conductor	Surface	Production	Liner	Size	Tubing
Set at		<u>8 3/8</u>	<u>4 1/2</u>			<u>2 3/8</u>
Cement Top		<u>313</u>	<u>4157</u>			Set at <u>3929</u>
Cement Bottom		<u>41755X</u>	<u>41503X1</u>			Type <u>DUROLINE</u>
DV/Perf.	<u>NOT REQUIRED</u>	<u>313</u>	<u>4157</u>			

Packer Type TENSION TD (and plug back) 4160 - 4117 ft. depth
Zone of Injection KC feet to 3982-4096 feet Perforations or Open Hole 4091-96

Type MIT: Pressure Radioactive Tracer Survey Temperature Survey

F I E L D D A T A

Time: Start 0 Min. 15 Min. 30 Min.

Pressures: <u>310</u>	<u>310</u>	<u>310</u>	Set up #1	System Pressure during test <u>0</u>
			Set up #2	Annular Pressure during test <u>310</u>
			Set up #3	Fluid loss during test <u>0</u> bbls.

Tested: Casing or Casing / Tubing Annulus

The bottom of the tested zone is shut in with PACKER

Test Date: 3-27-00 Using WEBBS Company's Equipment.

The operator hereby certifies that the zone between 0 feet and 3929 feet was the zone tested.

Dianne K. Dickman
Signature and Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent: Carl Goodnow Title: PIRT II Witness: Yes No _____

Remarks: NEW CONVERSION

RECEIVED
STATE CORPORATION COMMISSION

Original Conservation Div.; KDHE/T; District Office; APR 4 2000

Computer Update