

FORM MUST BE TYPED

SIDE ONE

ORIGINAL

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: \_\_\_\_\_  
License: \_\_\_\_\_  
Wellsite Geologist: \_\_\_\_\_

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

Operator: John O. Farmer, Inc.  
Well Name: Kastens #5 Producer  
Comp. Date 8-10-82 Old Total Depth 4160'

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. \_\_\_\_\_

10-18-95 1-10-96  
Spud Date Date Reached TD Completion Date

API NO. 15- 153-20,454-00-01

County Rawlins

- C - SW - NW Sec. 22 Twp. 1S Rge. 32 X W

1980 Feet from S  (circle one) Line of Section  
660 Feet from E  (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
NE, SE  (circle one) or SW (circle one)

Lease Name Kastens Well # 5

Field Name Wilhelm West

XXXXXXXXX Formation Lansing 190' zone

(Injection)

Elevation: Ground 2975' KB 2980'

Total Depth 4160' PBDT 4131'

Amount of Surface Pipe Set and Cemented at \_\_\_\_\_ Feet

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 ENHR 5-9-96  
(Data must be collected from the Reserve Pit) RV

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. \_\_\_\_\_

RECEIVED  
KANSAS CORP. COMM  
JAN 26 11:40 AM '96

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.

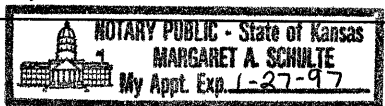
Signature John O. Farmer III

Title President Date 1-25-96

Subscribed and sworn to before me this 25th day of January, 19 96.

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 Kastens Well # #5

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"	24#	297'	60-40 Pozmix	175	2% gel, 3% C.C.
Production	7-7/8"	4-1/2"	10-1/2#	4155'	60-40 Pozmix	150	2% gel, 10% 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				

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	3965-76', 3996-4000', 4096-99'	1000 gals. 28% NE
		1000 gals. 28% NE	3996-4000'
		1000 gals. 28% NE	4096-99'

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2-3/8" PVC lined	4071'	4071'	

Date of First, Resumed Production, SWD or Inj. 1-24-96  
 Producing Method  Flowing  Pumping  Gas Lift  (Injection) Other (Explain)

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

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)  
4096-99'