

SIDE ONE

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

Operator: License # 5135
Name: John O. Farmer, Inc.
Address: P.O. Box 352
City/State/Zip: Russell, KS 67665
Purchaser: Mobil Oil Corporation
Operator Contact Person: John O. Farmer III
Phone: (913)-483-3144

Designate Type of Original Completion
 New Well Re-Entry Workover
Date of Original Completion 9-21-80
Name of Original Operator John O. Farmer, Inc.
Original Well Name Albertson

Date of Recompletion: 6-18-90
Commenced 6-18-90 Completed 7-9-90
Re-entry Workover convert to injection

Designate Type of Recompletion/Workover:
 Oil SWD Temp. Abd.
 Gas Inj Delayed Completion
 Dry Other (Core, Water Supply, etc.)
 Deepening Re-perforation
 Plug Back PBD
 Conversion to Injection Disposal

Is recompleted production:
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (Disposal or Injection)
Docket No. E-23,923

API NO. 15- 065-21,161 - 0001

County Graham

SE NE NW Sec. 18 Twp. 9S Rge. 23 East West

4290 Ft. North from Southeast Corner of Section.

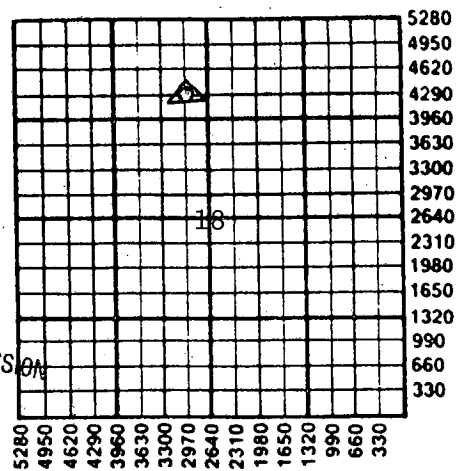
2970 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Lease Name Albertson Well # 4

Field Name Ernst Northwest

Producing Formation Lansing "I" zone

Elevation: Ground 2365' KB 2370'



RECEIVED
AUG 27 1990
STATE CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
Wichita, Kansas

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Time Log 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 ACO-4 or ACO-5 prior to or with this form for approval of commingling or dual completions. Submit CP-1 with all plugged wells. Submit CP-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 President Date 8-24-90
Subscribed and sworn to before me this 24th day of August 19 90

Notary Public Margaret A. Schulte Date Commission Expires _____
Margaret A. Schulte



SIDE TWO

Operator Name John O. Farmer, Inc. Lease Name Albertson Well # 4

Sec. 18 Twp. 9S Rge. 23
 East
 West

County Graham

RECOMPLETION FORMATION DESCRIPTION

Log Sample

<u>Name</u>	<u>Top</u>	<u>Bottom</u>
Lansing "I" zone	3870'	3876'

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			
		NA			

Shots Per Foot	PERFORATION RECORD		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)
	Specify Footage of Each Interval Perforated		
4 SPF	3870-76'	Lansing "I" zone	2000 gals. 15% NE

PBTD 3919' Plug Type The PBTD is the casing float.

TUBING RECORD

Size 2" plastic-lined Set At 3800' Packer At 3800' Was Liner Run Y X N

Date of Resumed Production, Disposal or Injection July 9, 1990

Estimated Production Per 24 Hours Oil _____ Bbls. Water _____ Bbls. Gas-Oil-Ratio _____

Gas _____ Mcf

Disposition of Gas:

Vented Sold Used on Lease (If vented, submit ACO-18.)