

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
Russell, KS 67665
City/State/Zip _____

Purchaser Mobil Oil Corporation

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

Designate Type of Original Completion
 New Well Re-Entry Workover
 Oil SWD Temp Abd
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply etc.)

Date of Original Completion: October, 1954

DATE OF RECOMPLETION:
10-24-89 11-13-89
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)?
"upper" Arbuckle was squeezed off

API NO. 15- (Drilling completed 10-1-54)

County Graham

E/2 NW NW Sec 11 Twp 10S Rge 21 X East West

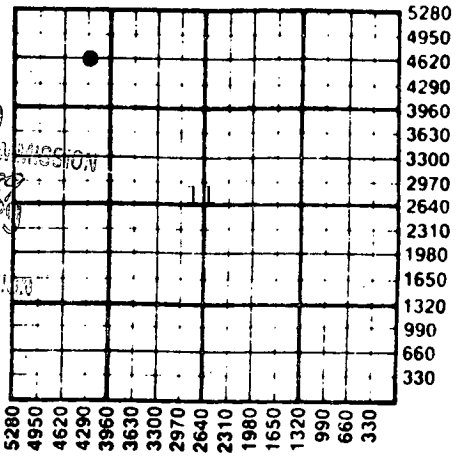
4620 Ft North from Southeast Corner of Section
4290 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

Lease Name Miller Well # 6

Field Name Cooper

Name of New Formation "lower" Arbuckle

Elevation: Ground 2269' KB 2274'
Section Plat



RECEIVED
KANSAS CORPORATION COMMISSION
11-30-1989
NOV 30 1989
OIL & GAS CONSERVATION DIVISION
Wichita, Kansas

K. C. C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)
.....
.....

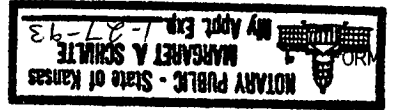
INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the recompletion of any well. Rules 82-3-107 and 82-3-141 apply. Information on side two of this form will be held confidential 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 ACO-4 prior to or with this form for approval of commingling or dual completions. Submit CP-4 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 11-28-89
John O. Farmer III

Subscribed and sworn to before me this 28th day of November 19 89

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



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SIDE TWO

Operator Name John O. Farmer, Inc. Lease Name Miller Well # 6

Sec 11 Twp 10S Rge 21 East West County Graham

RECOMPLETED FORMATION DESCRIPTION:

Log Sample

Name	Top	Bottom
"lower" Arbuckle	3830'	3836'

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 checked="" type="checkbox"/> Plug Off Zone	3815'	3830'	Class A	100 sks.	3/4% Halad 9

Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)
Open Hole	3830-36 (6')	Natural (i.e. - no stimulation)

PBTD 3836' Plug Type N/A

TUBING RECORD:

Size 2-1/2" Set At 3760' Packer At 3760' Was Liner Run? Y X N

Date of Resumed Production, Disposal or Injection 11-15-89

Estimated Production Per 24 Hours 35 bbl/oil 200 bbl/water

 MCF gas gas-oil ratio

