

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

API NO. 15- 065-20,630-00-02
County Graham
SW - NW - SW Sec. 8 Twp. 10S Rge. 25 X E

1650 Feet from S(circle one) Line of Section
330 Feet from E(circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE NW or S(circle one)

Lease Name McGuire "C" Well # 1
Field Name Gurk Northeast
Producing Formation Cedar Hills

Elevation: Ground 2511' KB 2516'
Total Depth 4010' PBDT 2037'

Amount of Surface Pipe Set and Cemented at 276 Feet

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

If Alternate II completion, cement circulated from 2037
feet depth to surface w/ 450 sx cmt.

Drilling Fluid Management Plan REWORK JH 3/31/98
(Data must be collected from the Reserve Pit)

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. _____

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: POE WELL SERVICE
License: 3152

Wellsite Geologist: _____

Designate Type of Completion
_____ New Well _____ Re-Entry X Workover

_____ Oil X SWD _____ SIOW _____ 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: McGuire "C" #1 SWD
Comp. Date 1/79 Old Total Depth 4010'

_____ Deepening _____ Re-perf. _____ Conv. to Inj/SWD
_____ Plug Back _____ PBDT
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
X Other (SWD or Inj?) _____ Docket No. D-19,538
(ran packer in well)

7-11-97 7-11-97
_____ Date of START _____ Date Reached TD _____ Completion Date of
OF WORKOVER OF WORKOVER

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.

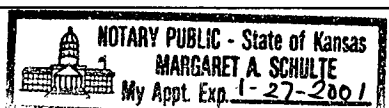
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature John O. Farmer III
John O. Farmer III
Title President Date 8-4-97
Subscribed and sworn to before me this 4th day of August,
19 97.

Notary Public Margaret A. Schulte
Margaret A. Schulte

Date Commission Expires _____

8-6-97
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)



ORIGINAL

SIDE TWO

Operator Name John O. Farmer, Inc. Lease Name McGuire "C" Well # 1
 Sec. 8 Twp. 10S Rge. 25 East West
 County Graham

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.)

List All E.Logs Run:

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

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
S.W.D.	7-7/8"	4-1/2"	10-1/2#	2037'	50/50 Pozmix	450	6% gel

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose:	Depth		Type of Cement	#Sacks Used	Type and 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 - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth	
	1 SPF	1720-80 (60')		none

TUBING RECORD		Size	Set At	Packer At	Liner Run		
		2-3/8"	1549'	1549'	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Date of First, Resumed Production, SWD or Inj.			Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water 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) _____

Production Interval: 1720-80 (60')