

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

Operator: License # 31751Name: John E. GalemoreAddress P.O. Box 151City/State/Zip Chanute, Kansas 66720Purchaser: FarmlandOperator Contact Person: SamePhone (918) 629-1776Contractor: Name: I&S Well ServiceLicense: 32450Onsite Geologist: None

Designate Type of Completion

☒ New Well ☐ Re-Entry ☐ Workover☒ Oil ☐ SUD ☐ SLOW ☐ Temp. Abd.☐ Gas ☐ ENHR ☐ SIGW☐ Dry ☐ Other (Core, WSW, Expl., Cathodic, etc)

Workover/Reentry: Old Well Info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

☐ Deepening ☐ Re-perf. ☐ Conv. to Inj/SUD☐ Plug Back ☐ PBTD☐ Casinghead ☐ Docket No. _____☐ Dual Completion ☐ Docket No. _____☐ Other (SUD or Inj?) ☐ Docket No. _____5-21-01 6-13-01 7-30-01
Spud Date Date Reached TD Completion DateAPI NO. 15- 133-25673-0000County NeoshoSW - SE - Sec. 29 Twp. 27 Rge. 19 ☒ E ☐ W
1125 Feet from (S)W (circle one) Line of Section2808 Feet from E(W) (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)Lease Name Beale Well # 27-GField Name Chanute-HumboldtProducing Formation Cattleman

Elevation: Ground _____ KB _____

Total Depth 800 PBTD _____Amount of Surface Pipe Set and Cemented at 20 FeetMultiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 0feet depth to 800 w/ 115 sx cmt.Drilling Fluid Management Plan As 11 9/5/01 JB
(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 _____

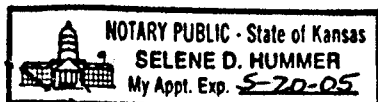
Lease Name _____ License No. _____

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

County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market Room 2078, 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 2 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.

I, the undersigned, certify that the 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 E. GalemoreTitle Owner Date 9-12-01Described and sworn to before me this 17 day of August, 2001.Notary Public Seane D. HummerNotary Commission Expires May 20 2005

K.C.C. OFFICE USE ONLY		
F	<input checked="" type="checkbox"/>	Letter of Confidentiality Attached
C	<input checked="" type="checkbox"/>	Wireline Log Received
C	<input type="checkbox"/>	Geologist Report Received
Distribution		
<input type="checkbox"/> KCC	<input type="checkbox"/> SUD/Rep	<input checked="" type="checkbox"/> NGPA
<input type="checkbox"/> KGS	<input type="checkbox"/> Plug	<input checked="" type="checkbox"/> Other (Specify)
IDG		

Form ACO-1 (7-91)

Operator Name John Galemore Lease Name Beale Well # 27-Gec. 29 Twp. 27 Rge. 19 ☒ East ☐ WestCounty Neosho

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 (Attach Additional Sheets.) <input type="checkbox"/> Yes <input type="checkbox"/> No Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run (Submit Copy.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No List All E.Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample Name Top Datum Cattleman 640 - 652
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CASING RECORD

☐ New ☐ 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	10 in.	7 in.		20 ft.	Portland	5	None
Casing	6 in.	2 7/8		726	Portland	115	None
						AB KCC	

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
2shots	Perf. 640 - 652	EVAC 25 Sacks	640-652

CASING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	27 7/8	726		

 Date of First, Resumed Production, SMD or Inj. _____ Producing Method ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	5		10		29

Composition of Gas: METHOD OF COMPLETION FRAC Production Interval

 Vented ☐ Sold ☐ Used on Lease ☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled _____
 (If vented, submit ACO-18.) ☐ Other (Specify) _____