

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

Form ACO-1
September 1999
Form Must Be Typed

COPY

Operator: License # 5135

Name: John O. Farmer, Inc.

Address: P.O. Box 352

City/State/Zip: Russell, KS 67665

Purchaser: _____

Operator Contact Person: Marge Schulte

Phone: (785) 483-3144

Contractor: Name: Discovery Drilling Company, Inc.

License: 31548

Wellsite Geologist: Brad Hutchison

Designate Type of Completion:

New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back Plug Back Total Depth
 Comminged Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

1-24-07	1-29-07	3-13-07
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 167-23,408-00-00

County: Russell

App. C S/2 NW Sec. 8 Twp. 12 S. R. 13 East West

1850 3468 FSL feet from S (circle one) Line of Section

1460 3820 FSL feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Trapp "B" Well #: 2

Field Name: Waldo Township East

Producing Formation: (disposal into Arbuckle)

Elevation: Ground: 1628' Kelly Bushing: 1636'

Total Depth: 3450' Plug Back Total Depth: 3501'

Amount of Surface Pipe Set and Cemented at 413 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 SWDNH10-30-08
(Data must be collected from the Reserve Pit)

Chloride content 17,000 ppm Fluid volume 300 bbls

Dewatering method used evaporation

Location of fluid disposal if hauled offsite: _____

Operator No. _____

RECEIVED

Lease No. _____ License No. _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Docket No. KCC WICHITA

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 of 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.

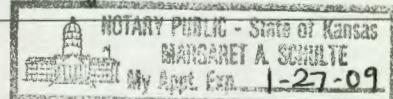
Signature: John O. Farmer III

Title: President Date: 3-30-07

Subscribed and sworn to before me this 30th day of March,
2007.

Notary Public: Margaret A. Schulte

Date Commission Expires: _____



KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

Operator Name: John O. Farmer, Inc. Lease Name: Trapp "B" Well #: 2
 Sec. 8 Twp. 12 S. R. 13 East West County: Russell

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <i>CONDENSER</i>	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name Anhydrite	Top 696' Datum (+940)
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Topeka	2562' (-926)
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Heebner	2791' (-1155)
List All E. Logs Run:		Toronto	2811' (-1175)
Dual Compensated Porosity Log, Dual Induction Log, Microresistivity Log		Lansing	2846' (-1210)
		Base/KC	3123' (-1487)
		Simpson	3330' (-1694)
		Arbuckle	3380' (-1744)

CASING RECORD <input checked="" 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"	23#	413'	Common	210	3% C.C., 2% gel
Production (SWD)	7-7/8"	5-1/2"	14#	3443'	Common	175	10% salt &
(15 sks. cement rat hole)		(10 sks. cement mouse hole)					500 gals. WFR-2

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: ____ Perforate ____ Protect Casing ____ Plug Back TD ____ Plug Off Zone	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives

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
Open Hole	3443-3501'	1000 gals. 28% DWA	

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2-3/8"	3419'	3405'		

Date of First, Resumed Production, SWD or Enhr.	Producing Method	<input type="checkbox"/> Flowing	<input type="checkbox"/> Pumping	<input type="checkbox"/> Gas Lift	<input checked="" type="checkbox"/> Other (Explain)
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	3443-3501' (SWD interval)