

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

Operator: License # 5135
Name: John O. Farmer, Inc.
Address P.O. Box 352
City/State/Zip Russell, KS 67665

Purchaser: Cooperative Refining, LLC

Operator Contact Person: John O. Farmer III
Phone (785) 483-3144

Contractor: Name: Murfin Drilling Co., Inc.
License: 30606
Wellsite Geologist: Craig Caulk

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: _____
Comp. Date _____ Old Total Depth _____

☐ Deepening ☐ Re-perf. ☐ Conv. to Inj/SWD
☐ Plug Back ☐ PBTD
☐ Commingled ☐ Docket No. _____
☐ Dual Completion ☐ Docket No. _____
☐ Other (SWD or Inj?) ☐ Docket No. _____

5-22-00 6-4-00 6-26-00
Spud Date Date Reached TD Completion Date

API NO. 15- 081-21,301-00-00
County Haskell
____ - C - NW - SE Sec. 34 Twp. 30S Rge. 31 X W
1980 Feet from S (circle one) Line of Section
1980 Feet from E (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, S NW or SW (circle one)
Lease Name Cooper Trust Well # 1-34
Field Name Radio Tower
Producing Formation Chester Lime
Elevation: Ground 2829' KB 2840'
Total Depth 5605' PBTD 5480'
Amount of Surface Pipe Set and Cemented at 1800 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 ALT 1 9/4 10/3/00
(Data must be collected from the Reserve Pit)
Chloride content 8,000 ppm Fluid volume 1,500 bbls
Dewatering method used allow to dry by evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name NA
Lease Name _____ License No. _____
____ Quarter, Sec. CONFIDENTIAL S Rng. E/W
County _____ Docket No. _____

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 7-20-00
Subscribed and sworn to before me this 20th day of July,
20 00.

Notary Public Margaret A. Schulte
Margaret A. Schulte

Date Commission Expires _____

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
IOG (Specify)

Operator Name John O. Farmer, Inc. SIDE TWO Lease Name Cooper Trust Well # 1-34

Sec. 34 Twp. 30S Rge. 31 ☐ East County Haskell ☒ West

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner Shale	4206' (-1366)
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lansing	4744' (-1904)
List All E.Logs Run:		Marmaton	4908' (-2068)
Dual Compensated Porosity Log		Upper Cherokee Shale	5060' (-2220)
Dual Induction Log		Atoka Shale	5290' (-2450)
Borehole Compensated Sonic Log		Morrow Shale	5332' (-2492)
Microresistivity Log		Morrow Pay Sand	5413' (-2573)
		Mississippi Chester	5451' (-2611)
		Chester Sand	5509' (-2669)
		St. Gen.	5546' (-2706)
		L.T.D.	5605' (-2765)

CASING RECORD							
5-1/2" <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used 8-5/8"							
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"	24#	1800'	Common Lite	150 525	3% CC 3% CC, 1/4# Floseal
Production	7-7/8"	5-1/2"	15.5#	5572'	ASC 50/50 Pozmix	100 50	5# Gilsonite/sack 2% Gel

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate	Top Bottom			
<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
4 SPF	5460-72'	750 gals. 15% MCA, re-acidized	5460-72'
		with 2500 gals. 20% SGA	5460-72'

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-3/8"	5433'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj.	Producing Method
June 29, 2000	<input type="checkbox"/> Flowing <input checked="" 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
	38	40	0		30°

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: 5460-72'