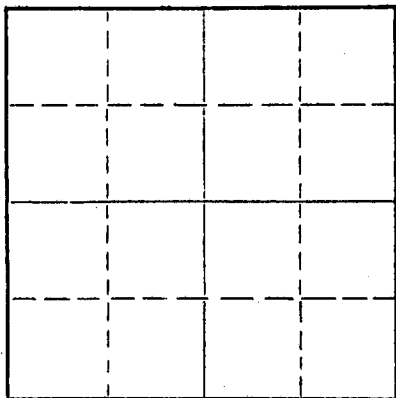


15-179-00202-00-00

Give All Information Completely
Make Required Affidavit
Mail or Deliver Report to:
Conservation Division
State Corporation Commission
212 North Market, Insurance Bldg.
Wichita, Kansas

WELL PLUGGING RECORD

NORTH



Locate well correctly on above
Section Plat

Sheridan County. Sec. 29 Twp. 8s Rge. 29w (E) (W)

Location as "NE/CNWxSWx" or footage from lines C NE SW
Lease Owner John O. Farmer, Inc.
Lease Name Koster Well No. 2
Office Address P.O. Box 352, Russell, Kansas
Character of Well (completed as Oil, Gas or Dry Hole) Dry Hole
Date well completed 10/5 1964
Application for plugging filed 10/5 1964
Application for plugging approved 10/5 1964
Plugging commenced 10/5 1964
Plugging completed 5 A.M. 10/5 1964
Reason for abandonment of well or producing formation Dry Hole

If a producing well is abandoned, date of last production _____ 19____
Was permission obtained from the Conservation Division or its agents before plugging was commenced? Yes

Name of Conservation Agent who supervised plugging of this well W. L. Nichols, Morland, Kansas
Producing formation _____ Depth to top _____ Bottom _____ Total Depth of Well 4180' Feet
Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

FORMATION	CONTENT	FROM	TO	SIZE	PUT IN	PULLED OUT

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from _____ feet to _____ feet for each plug set.

Plug # 1 600' 20 sx. cement
Plug # 2 180' 20 sx. cement
Plug # 3 40' 10 sx. cement

Completed: 5 A.M. 10/5/64

RECEIVED
STATE CORPORATION COMMISSION

OCT 7 1964

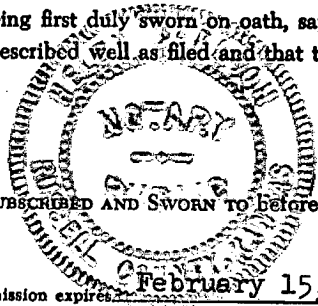
CONSERVATION DIVISION
Wichita, Kansas

Name of Plugging Contractor John O. Farmer, Inc. (If additional description is necessary, use BACK of this sheet)
Address P.O. Box 352, Russell, Kansas 10-7-64

STATE OF KANSAS, COUNTY OF RUSSELL, ss.
JOHN O. FARMER, President (employee of owner) or (owner or operator) of the above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed and that the same are true and correct. So help me God.

(Signature) John O. Farmer
P.O. Box 352, Russell, Kansas
(Address)

SUBSCRIBED AND SWORN TO before me this 6th day of October, 1964

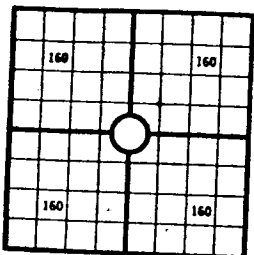


Helen Carlson
Helen Carlson Notary Public.

OPERATOR John O. Farmer, Inc.

ADDRESS P.O. Box 352, Russell, Kansas

640 Acres
N



Locate well correctly

COUNTY Sheridan, SEC. 29, TWP. 8s, RGE. 29W
 COMPANY OPERATING John O. Farmer, Inc.
 OFFICE ADDRESS P.O. Box 352, Russell, Kansas
 DRILLING STARTED 9/25, 1964, DRILLING FINISHED 10/5, 1964
 DATE OF FIRST PRODUCTION _____ COMPLETED _____
 WELL LOCATED C 1/4 NE 1/4 SW 1/4, North of South
 Line and _____ ft. East of West Line of Quarter Section
 Elevation (Relative to sea level) DERRICK FLOOR 2830' GROUND, 2827'
 CHARACTER OF WELL (Oil, gas or dryhole) Dry

OIL OR GAS SANDS OR ZONES

Name	From	To	Name	From	To
1			4		
2			5		
3			6		

Perforating Record If Any

Shot Record

Formation	From	To	No. of Shots	Formation	From	To	Size of Shot

CASING RECORD

Amount Set							Amount Pulled		Packer Record		
Size	Wt.	Thds.	Make	Ft.	In.	Ft.	In.	Size	Length	Depth Set	Make

Liner Record: Amount _____ Kind _____ Top _____ Bottom _____

CEMENTING AND MUDDING

Size	Amount Set		Sacks Cement	Chemical		Method of Cementing	Amount	Mudding Method	Results (See Note)
	Ft.	In.		Gal.	Make				
8 1/2"	195'		130	SX.					

Note: What method was used to protect sands if outer strings were pulled? _____

NOTE: Were bottom hole plugs used? _____ If so, state kind, depth set and results obtained _____

TOOLS USED

Rotary Tools were used from 0 feet to R.T.D. Cable tools were used from _____ feet to _____ feet, and from _____ feet to _____ feet, and from _____ feet to _____ feet, and from _____ feet to _____ feet
 Type Rig Rotary

INITIAL PRODUCTION TEST

Describe initial test: whether by flow through tubing or casing or by pumping _____

Amount of Oil Production _____ bbls. Size of choke, if any _____ Length of test _____ Water Production _____ bbls. Gravity of oil _____ Type of Pump if pump is used, describe _____

FORMATION RECORD

Give detailed description and thickness of all formation drilled through, contents of sand, whether dry, water, oil or gas.

Formation	Top	Bottom	Formation	Top	Bottom
Surface		195			
Shale & Sand	195	920			
Shale	920	2160			
Shale & Shells	2160	2465			
Anhydrite	2465	2500			
Shale & Shells	2500	2775			
Shale & Lime	2775	2970			
Lime & Shale	2970	3430			
Lime	3430	3520			
Lime & Shale	3520	3700			
Lime	3700	3890			
Lime & Shale	3890	3920			
Lime	3920	4180			
T.D.	4180				

Sample Tops:

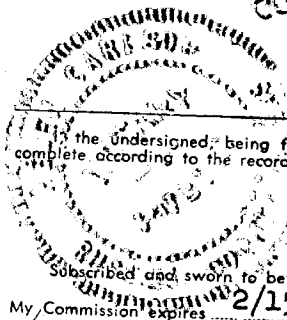
Anhydrite 2465
 Topeka 3690
 Heebner 3889
 Toronto 3910
 Lansing 3936
 Base Kansas City 4169
 T.D. 4180

15-179-00202-0001

RECEIVED
 STATE CORPORATION COMMISSION
 OCT 7 1964

CONSERVATION DIVISION
 Wichita, Kansas

10-7-64



I, the undersigned, being first duly sworn upon oath, state that this well record is true, correct and complete according to the records of this office and to the best of my knowledge and belief.
John O. Farmer
 Name and title of representative of company President
 Subscribed and sworn to before me this 6th day of October, 1964
 My Commission expires 2/15/67
Helen Carlson
 Notary Public.

WELL NO. 2 COUNTY Sheridan SEC. 29 TWP. 8S RGE. 29W

FARM NAME Koster