SIDE ONE

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

John O. Farmer,

Operator: License # ______5135

Name:

Address	P.O. Box 352
City/State/Zip	Russell, KS 67665
Purchaser:	
	John O. Farmer III 483-3144
Contractor: Name:	
License: Wellsite Geologist:	h
Designate Type of Completic	n Re-Entry <u>X</u> Workover
Gas ENHR	SIOW Temp. Abd. SIGW
Dry Other (If Workover/Re-Entry: old w	Core, WSW, Expl., Cathodic, etc.)
Operator: S.B Well Name: Sch	
Comp. Date 10-20-	90_ Old Total Depth <u>3650</u> 1
X Deepening R	e-perf. X Conv. to Inj/SWD PBTD
	Docket No. D-28,460
Other (SWD or Inj?	
Re-entry Date Date Re	9-05 3-11-05 ached TD Recompletion Date
Room 2078, Wichita, Kansa Rule 82-3-130, 82-3-106 a 12 months if requested in months). One copy of all	l and two copies of this form shall be some of the spud and 82-3-107 apply. Information on significant with the form wireline logs and geologist well reports. Some of the spud with all plugged wells. Some of the spud and several plugged wells.
	tutes, rules and regulations promulga ein age complete and correct to the b
Signature Alba F	me II
John O. Farme Title President Subscribed and sworn to bef 20 05	Date3-14-05
Notary Public	largoret a, Schult

API NO. 15- ______ 051-24,681 - 00-01 County Ellis -____- <u>NW/4</u> Sec. <u>5</u> Twp. <u>13S</u> Rge. <u>17</u> ΧW Feet from Fig. (circle one) Line of Section 75/1/1800 Feet from Fig. (circle one) Line of Section Footages Calculated from Mearest Outside Section Corner: NE, (SE) or SW (circle one) Schmeidler "E" Well # 3 SWD Lease Name Field Name _ Reed SWD Formation ___Arbuckle Elevation: Ground 20521 Total Depth _______ 3927' PBTD _____3927' Amount of Surface Pipe Set and Cemented at _____ Feet Multiple Stage Cementing Collar Used? _____ Yes ____ If yes, show depth set _____ If Alternate II completion, cement circulated from ___ feet depth to _____ w/ ____ Drilling Fluid Management Plan OWWO (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. ____

____ Wireline Log Received

KCC

KGS

e filed with the Kansas Corporation Commission, 130 S. Market, date, recompletion, workover or conversion of a well. de two of this form will be held confidential for a period of (see rule 82-3-107 for confidentiality in excess of 12 ort shall be atached with this form. ALL CEMENTING TICKETS ubmit CP-111 form with all temporarily abandoned wells.

ted to regulate the oil and gas industry have been fully complied est of my knowledge.

	•		
Signature	John O. Farmer III President		
\sim	John O. Farmer III		
itle	President	Date	3-14-05
Subscribed and 20 <u>05</u> .	d sworn to before me this <u>14th</u>	day of _	March,
Notary Public	Margaret A. So	t, f	ehulte
	rigi gai et A. St	JIIGI LE	

HUTARY PUBLIC - State of Kansas

My Angl. Exp.

MARGARET A SCHULTE

Date Commission Expires

Form ACO-1 (7-91)

SWD/Rep

Plug

K.C.C. OFFICE USE ONLY F ND Letter of Confidentiality Attached

> Geologist Report Received Distribution

> > MAR 15 2005

NGPA

Other

KCC WICHITA

ORIGINAL

		4	SIDE TWO				
Operator Name			Lease Name _	Schmeidle	r "E"	Well #	3 SWD
	•	ן ∟ East	County		Ellis		
Sec. <u>5</u> Twp. <u>13</u>	S Rge	7	:				
INSTRUCTIONS: Show interval tested, time nydrostatic pressures if more space is need	mportant tops and tool open and cl , bottom hole tem	d base of formations osed, flowing and s operature, fluid rec	hut-in pressur	es, whether sh	ut-in pressure	reached s	tatic level.
Orill Stem Tests Take (Attach Additional		Yes No	Name		on (Top), Dept		ms
Samples Sent to Geolo	gical Survey	Yes No					٠
Cores Taken		☐ Yes ☐ No					
Electric_Log_Run (Submit Copy.)	omborin magan nga na nagan man nga nag	Yes No.		ب الاستناب المستناب	راد رئيز الاستا بيده	andre i de Santre de la companya de	A Green
List All E.Logs Run: RA Guard Log (already	sent 1-4-05)						
		CASING RECO	RD New	Used			
Durance of Division		strings set-conduc					
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight <u>Lbs./Ft.</u>	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface		8-5/8"	 	2061		e de la companya de	
Production	7-7/8"	5-1/2"		36481	Standard	460	
	<u> </u>	ADDITIONAL CE	EMENTING/SQUEEZ	'F RECORD			
Purpose:	Depth						
Perforate	Top Bottom	Type of Cement	#Sacks Used	<u> </u>	Type and Pe	rcent Addit	ives
Protect Casing		•		1			
Plug Back TD Plug Off Zone							
	ļ Į						
-	PERFORATION	RECORD - Bridge Plu	ugs Set/Type	Acid	d, Fracture. Si	not. Cement	Squeeze Record
Shots Per Foot	Specify Foot	age of Each Interval			and Kind of Ma		
	Open hole 36	48-3927' 		1000 gal	ls. 15% NE		3648-3927

TUBING RECORD	Size 2-3/8"	Set At 3632'	Packer At 3632'	Liner Run	Yes X-] J No	
Date of First, Resume	ed Production, SWI	O or Inj. Produ	ucing Method	Flowing -	Pumping G	as Lift LXJ	(SWD) Other (Explain)
Estimated Production Per 24 Hours	Oil	Bbls. Gas		ater Bbls ,000 maximum	Gas	Oil Ratio	Gravity
risposition of Gas:	, ^{``}		HOD OF COMPLET				(SWD) Interval
Vented Sold (If vented, subm	Used on Lease		e Perf.	Dually Comp.	Commingle	ed	3648-39271
•	·	Other (S	pecify)				

ALLIED CEMENTING CO., INC. 19499. ORIGINAL SERVICE POINT: REMIT TO P.O. BOX 31 RUSSELL, KANSAS 67665 SEC. TWP RANGE CALLED OUT WELL# FUD LOCATION T-90 + Towlanted 5N-66 OLD OR NEW (Circle one) Well Service OWNER CONTRACTOR TYPE OF JOB T.D. CEMENT AMOUNT ORDERED **DEPTH CASING SIZE** DEPTH **TUBING SIZE** 175 sks @ 830 1,45250 COMMON PRES. MAX **MINIMUM** POZMIX MEAS. LINE SHOE JOINT **GEL** CEMENT LEFT IN CSG. 3646-3622 CHLORIDE PERFS. DISPLACEMENT ASC Cemad **EQUIPMENT** CEMENTER PUMP TRUCK 102 HELPER BULK TRUCK 218 **DRIVER** BULK TRUCK **DRIVER** HANDLING 5,54 pr 5K/Wild MILEAGE TOTAL _2,1/3 ' REMARKS: SERVICE Circ Hole Full, 425 Sts Com, Sot Packs DEPTH OF JOB 22 BBL, Squeeze PLIMP TRUCK CHARGE 4 BPAC SOLERTRA FOOTAGE ac 12680 MILEAGE 30- MILES @ MANIFOLD _ CHARGE TO: John STREET ___ CITY_____ STATE ___ ZIP PLUG & FLOAT EQUIPMENT To Allied Cementing Co., Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was TOTAL ___ done to satisfaction and supervision of owner agent or RECEIVED contractor. I have read & understand the "TERMS AND TAX __ CONDITIONS" listed on the reverse side. MAR 1 6 2005 TOTAL CHARGE _____ IF PAID IN 30 DAYS KCC WICHITA DISCOUNT -

PRINTED NAME

SIGNATURE Ann Vean

ALLIED CEMENTING-CO, INC. RÉMIT TO P.O. BOX 31 RUSSELL, KANSAS 67665 CALLED OUT JOB START JOB FINISH RANGE SEC. 4:00pm DATE 3-1-05 1:00PM COUNTY ELLIS LEASESCHWINE &WELL # SUN LOCATION CATHERALE IL OLD OR NEW (Circle one) OWNER CONTRACTOR WESTERN TYPE OF JOB CEMENT HOLE SIZE T.D. AMOUNT ORDERED 150 COM 38 CC CASING SIZE DEPTH **TUBING SIZE** DEPTH DRILL PIPE DEPTH TOOL DEPTH @830 150 COMMON PRES. MAX MINIMUM POZMIX SHOE JOINT MEAS. LINE @ CEMENT LEFT IN CSG. GEL @ 3600 CHLORIDE PERFS @ DISPLACEMENT ASC **@ EQUIPMENT** @ PUMP TRUCK CEMENTER _//URK @ # /77 BULK TRUCK HELPER @ @ *28*2 DRIVER ZOGER @ **BULK TRUCK** DRIVER HANDLING @ MILEAGE REMARKS: TEST BELOW 3400 HELD A 3382 BELOW PUMP ZI C SERVICE 1/2386/JUIN C 700T SET AKR C DITY 150 SK SOMEEZE TO DEPTH OF JOB WASHED THRING CLEAN PUMP TRUCK CHARGE 7502 PULLED TOOLS EXTRA FOOTAGE @ 450 MILEAGE MANIFOLD @ **@** CHARGE TO: J.D. FARMER TOTAL 876 00 STREET __ STATE_ PLUG & FLOAT EQUIPMENT @ @ @ To Allied Cementing Co., Inc. @ You are hereby requested to rent cementing equipment @ and furnish cementer and helper to assist owner or

TOTAL

PRINTED NAME

— IF PAID IN 30 DAYS

TOTAL CHARGE ___

contractor to do work as is listed. The above work was

done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND

CONDITIONS" listed on the reverse side.

SIGNATURE Cim Wenning

ORIGINAL

RECEIVED
MAR 1 6 2005
KCC WICHITA

CASING MECHANICAL INTEGRITY TEST		OCKET # D - 28.460
Disposal Well Enhanced Recovery:	Who WE LIV . Sec 5	T 13 S.R 17 EOD
Repressuring) DI	$\begin{array}{c c} , T & 3 & S, R & 17 & E(V) \\ \hline CINIA I$
Flood	4500 Feet from Fa	section Line
Date injection started	Feet from Ea	ist Section Line
API #15- 051 - 24.601	Lease Schme dec	Well #
	County CU, s	KCC
Operator: John O Former, The O	perator License # 5135	
000000000000000000000000000000000000000	ontact Person John France	MAR 1 1 2005
0 10 11		11000
Dussell, house, 6/663 P	hone 785-483-3144	HAYS, KS
Max. Auth. Injection PressPsi; Max Inj. Rate _	bbl/d;	For 483-6020
If Dual Completion - Injection above production	Injection below production	
Conductor Surface Size 258	Production Liner	Tubing
Set at Zo6	3648	Size <u>2 %</u> Set at <u>363</u> 2
Cement Top	W 4802-1	Type Solna
DV/Perf. Coment Top to Breen TD (and	364 2 I plug back) 70 3927	(h. 3
Packer type Aren Tension Size	5/14 Set at 2/20	ft. depth
Zone of injection 3648 ft. to ft. 34	Perf. or open hole	
Type MIT: Pressure: OE Radioactive Tracer	Survey: Temperature	Survey
F Time; Start O Min. 15 Min. 30 Mi		22. · • • • · · · · · · · · · · · · · · ·
I		
E Pressures: 300 300 Set	up 1 System Pres. during test	
D Set	up 2 Annular Pres. during test	
D		RECEIVED
A Set	up 3 Fluid loss during test	bbls.
T Tested: Casing or Casing - Tubing Annulu	s 🔽	MAR 1 6 2005
The bottom of the tested zone in shut in with PA		KCC WICHITA
4	4	
Test Date March 11, 2005 Using Horsel	9 Mux Souris Compa	iny's Equipment
The operator hereby certifies that the zone between	feet and 3632	
was the zone tested Chambersulian		feet
Signature	FOREARM	
		Title
The results were Satisfactory, Marginal	, Not SatisfactoryPA	SSED
State Agent: py the Title: 7	Witness: YES	NO
DEM (A DVO	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(a) place of		
Orgin. Conservation Div.: KDHE/T:	Dist. Office	ODV
Computer Update Is there Chemical Scalant or		
A -	a Mechanical Casing patch in the annu	lar space? (Y/N)
		KCC Form U-7
zintos	No Authorization to use	424