

CONFIDENTIAL

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

ORIGINAL

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: WW Drilling, LLC
License: 33575
Wellsite Geologist: Matt Dreiling

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
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
11-23-05 11-30-05 11-30-2005
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 065-23,110-00-00
County: Graham
9S E/2 - W/2 - E/2 Sec. 1 Twp. 9S S. R. 22 East West
2545 feet from (S) / N (circle one) Line of Section
1650 feet from (E) / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Buss Unit "B" Well #: 1
Field Name: (wildcat)
Producing Formation: _____
Elevation: Ground: 2193' Kelly Bushing: 2198'
Total Depth: 3835' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 210 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.

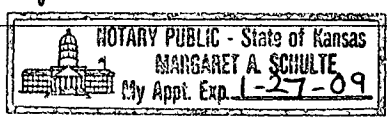
Drilling Fluid Management Plan PA AIT II WHM 3-9-02
(Data must be collected from the Reserve Pit)
Chloride content 2,000 ppm Fluid volume _____ bbls
Dewatering method used evaporation
Location of fluid disposal if hauled off site _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. KCC WICHITA S. R. East West
County: _____ Docket No.: _____

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DEC 09 2005

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: 12-8-05
Subscribed and sworn to before me this 8th day of December,
2005.
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: Buss Unit "B" Well #: 1
 Sec. 1 Twp. 9S S. R. 22 East West County: Graham

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 Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)
 List All E. Logs Run:

Formation (Top), Depth and Datum	Top	Datum
Name		
Anhydrite	1690'	(+508)
Topeka	3165'	(-967)
Heebner	3379'	(-1181)
Toronto	3408'	(-1210)
Lansing	3421'	(-1223)
Base/KC	3624'	(-1426)
Arbuckle	3749'	(-1551)
L.T.D.	3834'	(-1636)

Dual Compensated Porosity Log, Dual Induction Log, Microresistivity Log

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#	210'	Common	150	3% C.C., 2% gel

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumerd Production, SWD or Enhr.	Producing Method <input type="checkbox"/> Flowing <input 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

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled

Production Interval Other (Specify) _____

ALLIED CEMENTING CO., INC. 25643

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Russell

DATE <u>11-23-05</u>	SEC. <u>1</u>	TWP. <u>4</u>	RANGE <u>22</u>	CALLED OUT <u>1:00 PM</u>	ON LOCATION <u>2:30 PM</u>	JOB START <u>3:00 PM</u>	JOB FINISH <u>4:15 PM</u>
LEASE <u>Byss Unit</u>		WELL # <u>B-1</u>		LOCATION <u>Redline Boque R.D.</u>		COUNTY <u>Cherokee</u>	STATE <u>KANSAS</u>
OLD OR NEW (Circle one) <u>NEW</u>				<u>4 N 1 1/2 W 22 N</u>			

CONTRACTOR W-W-DALG x 4

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4 T.D. 211

CASING SIZE 8 7/8 DEPTH 210'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 12 1/2 / RBL

EQUIPMENT

PUMP TRUCK # 398 CEMENTER STONN

BULK TRUCK # 362 HELPER 1 RD

BULK TRUCK # _____ DRIVER BRION

BULK TRUCK # _____ DRIVER _____

OWNER _____

CEMENT AMOUNT ORDERED 150 SA (Comm)

3 3/4 GEL

3 3/4 GEL

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____

TOTAL _____

REMARKS:

Cement
CIRCULATED

THANK'S

CHARGE TO: JOHN O. FARMER

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

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KCC WICHITA

TOTAL _____

PLUG & FLOAT EQUIPMENT

8 5/8 Plug _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

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

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Deisy Phelan

PRINTED NAME _____

