

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

KCC

NOV 10 2005

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM **CONFIDENTIAL**

WELL HISTORY - DESCRIPTION OF WELL & LEASE

**CONFIDENTIAL**

**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: Discovery Drilling Company, Inc.  
License: 31548

Wellsite Geologist: Brad Hutchison  
Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  SWD  SLOW  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. \_\_\_\_\_  
10-20-05 10-25-05 10-25-2005  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 167-23,305-00-00  
County: Russell  
App. N/2 SE SE Sec. 20 Twp. 12S S. R. 14  East  West  
1080 feet from  N (circle one) Line of Section  
590 feet from  W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE  SE NW SW  
Lease Name: Taylor "B" Well #: 1  
Field Name: (wildcat)  
Producing Formation: \_\_\_\_\_  
Elevation: Ground: 1720' Kelly Bushing: 1728'  
Total Depth: 3240' Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at 560 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 cnt.

RECEIVED

KCC WICHITA

RECEIVED

NOV 14 2005

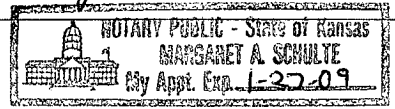
KCC WICHITA

Drilling Fluid Management Plan PA AHI NH 6-13-08  
(Data must be collected from the Reserve Pit)  
Chloride content 12,000 ppm Fluid volume 160 bbls  
Dewatering method used hauled free fluids  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: J. Carter Oil  
Lease Name: Mudd SWD License No.: 30876  
Quarter NE/4 Sec. 6 Twp. 15S S. R. 14  East  West  
County: Russell Docket No.: D-11735

**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, Jr.  
Title: President Date: 11-10-05  
Subscribed and sworn to before me this 10th day of November,  
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

X

Operator Name: John O. Farmer, Inc. Lease Name: Taylor "B" Well #: 1  
 Sec. 20 Twp. 12S S. R. 14  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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<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	Anhydrite	786'	(+942)
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Topeka	2618'	(-890)
List All E. Logs Run:		Heebner	2838'	(-1110)
		Toronto	2858'	(-1130)
		Lansing	2892'	(-1164)
		Base/KC	3148'	(-1420)
		Arbuckle	3191'	(-1463)
		L.T.D.	3240'	(-1512)

**Radiation Guard 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#	560'	Common	315	3% C.C., 2% gel

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed 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	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____





