

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM

4/20/09

WELL HISTORY - DESCRIPTION OF WELL & LEASE

9/17/11

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) 483-3145, Ext. 214
Contractor: Name: Discovery Drilling Co., Inc.
License: 31548
Wellsite Geologist: Brad Hutchinson

Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover _____
_____ Oil _____ SWD _____ SLOW _____
_____ Gas _____ ENHR _____ SIGW _____
 Dry _____ Other (Core, WSW, Expl., Cathodic, etc) _____

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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. _____
2/14/09 2/19/09 2/20/09
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 167-23,562-00-00
County: Russell
15 S. & 80' E. of _____
36 NE SE SW Sec. 2 Twp. 15 S. R. 13W East West
^ 840 feet from (S) (circle one) Line of Section
2390 feet from (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: WAYMASTER Well #: 1
Field Name: Wildcat
Producing Formation: None
Elevation: Ground: 1791' Kelly Bushing: 1799'
Total Depth: 3350' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 413 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 crnt.
(30sks In Rat Hole)(15sks In Mouse Hole)

Drilling Fluid Management Plan RAW 7-13-09
(Data must be collected from the Reserve Pit)
Chloride content 16,000 ppm Fluid volume 240 bbls
Dewatering method used Evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

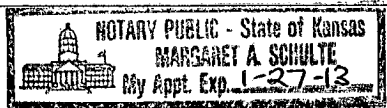
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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
John O. Farmer III
Title: President Date: 4-17-09

Subscribed and sworn to before me this 17th day of April, 2009.

Notary Public: Margaret A. Schulte
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

RECEIVED

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Operator Name: JOHN O. FARMER, INC. Lease Name: WAYMASTER Well # _____
Sec. 2 Twp. 15 S. R. 13 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 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:

Microresistivity Log, Dual Induction Log,
Dual Compensated Porosity Log

Log Formation (Top), Depth and Datum Sample
Name _____ Top _____ Datum _____

LOG TOPS ARE LISTED ON GEOLOGICAL REPORT
THAT IS INCLUDED

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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 Pipe	12-1/4"	8-5/8"	23#	413'	Common	210	2% gel, 3% CC

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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(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, 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 Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

ALLIED CEMENTING CO. LLC. 34891

COPY

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

SERVICE POINT: Russell

DATE <u>2-15-09</u>	SEC. <u>2</u>	TWP. <u>15</u>	RANGE <u>13</u>	CALLED OUT	ON LOCATION	JOB START <u>1:30 PM</u>	JOB FINISH <u>2:00 PM</u>
LEASE <u>WAYMASTER</u> # <u>1</u>		LOCATION <u>Russell F. To Bunker Hill</u>		COUNTY <u>Russell</u>	STATE <u>Kansas</u>		
OLD OR NEW (Circle one) <u>NEW</u>				<u>S TO T. 1 WTS 1 W 1/2 N</u>			

CONTRACTOR Discovery Rig #2 OWNER _____

TYPE OF JOB Surfack

HOLE SIZE 12 1/4 T.D. 415'

CASING SIZE 8 3/8 New DEPTH 414'

TUBING SIZE 23 # DEPTH _____

DRILL PIPE DEPTH _____

TOOL DEPTH _____

PRES. MAX MINIMUM _____

MEAS. LINE SHOE JOINT _____

CEMENT LEFT IN CSG. 20'

PERFS. _____

DISPLACEMENT 25 / BBL

EQUIPMENT _____

PUMP TRUCK CEMENTER Glenn

398 HELPER BOB

BULK TRUCK _____

DRIVER CH

BULK TRUCK _____

DRIVER _____

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CEMENT AMOUNT ORDERED 210 SK Com APR 17 2009

370 CC KCC

270 GEL

COMMON @ _____

POZMIX @ _____

GEL @ _____

CHLORIDE @ _____

ASC @ _____

HANDLING @ _____

MILEAGE @ _____

REMARKS:

Cement Circulated

THANKS

CHARGE TO: JOHN O. FARMER

STREET _____

CITY _____ STATE _____ ZIP _____

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) 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 and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Thomas Alm

SIGNATURE Thomas Alm

TOTAL _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

MANIFOLD @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

8 3/8 Solid Rubber Plug

@ _____

@ _____

@ _____

@ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 _____

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ALLIED CEMENTING CO., LLC. 037475

COPY

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

SERVICE POINT
Russell

DATE <i>2-20-09</i>	SEC. <i>2</i>	TWP. <i>15</i>	RANGE <i>13</i>	CALLED OUT	ON LOCATION	JOB START	JOB END <i>1:50 PM</i>
LEASE <i>Wajma Street</i> WELL# <i>1</i>		LOCATION <i>Bank Rd 15 to T1W</i>			COUNTY <i>Russell</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one)		<i>15 1w into</i>					

CONTRACTOR *D. S. Drilling*

TYPE OF JOB *Retail Plug*

HOLE SIZE *7 7/8* T.D. *3350*

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE *4 1/2 X 11* DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED *185 69/10 496.61*

177.10

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

HANDLING MILEAGE _____ @ _____

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EQUIPMENT

PUMP TRUCK CEMENTER *Craig*

417 HELPER *Matt*

BULK TRUCK DRIVER *Ricky*

473

BULK TRUCK DRIVER _____

REMARKS:

See Job Log.

THANKS

CHARGE TO: *JD Farmer*

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

18 5/8 wooden plug

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) 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 and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME *Thomas Lim*

SIGNATURE *Thomas Lim*

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

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CEMENTING LOG

STAGE NO. **COPY**

Date 2-20-09 District _____ Ticket No. 032475
 Company JO Farmer Rig 1 SEAWAY #2
 Lease WAGNER Well No. 1
 County RUSSELL State KS
 Location BUCKHILLS on T Field _____
1413 1/2 JINGO

CASING DATA: PTA Squeeze
 Surface Intermediate Production Liner
 Size _____ Type _____ Weight _____ Collar _____

Casing Depths: Top _____ Bottom _____

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size _____ T.D. _____ ft. P.B. to _____ ft.

CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. 201423 Lin. ft./Bbl. 7052
 Annulus: Bbls/Lin. ft. 20041 Lin. ft./Bbl. 2432.51
 Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

CEMENT DATA:
 Spacer Type: FRESH WATER
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG _____

LEAD: Pump Time _____ hrs. Type _____
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG _____
 Excess _____

TAIL: Pump Time _____ hrs. Type 12/6/04 49/6/04
1/4/08 FLO Excess _____
 Amt. 185 Sks Yield 1.39 ft³/sk Density 13.9 PPG _____
 WATER: Lead _____ gals/sk Tail 79 gals/sk Total 41 Bbls. _____

Pump Trucks Used 417 Mat
 Bulk Equip. 423 KCC APR 07 2009

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Float Equip: Manufacturer _____
 Shoe: Type _____ Depth _____
 Float: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type _____ Amt. _____ Bbls: Weight _____ PPG _____
 Mud Type _____ Weight _____ PPG _____

COMPANY REPRESENTATIVE _____ CEMENTER Greg D... TO T

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls/Min.	
						1st plug 3250 25SK
						2nd 7160 25SK
						3rd 460 50SK
						4th 40 10SK
						Return 30SK
						Wagon 30SK
						1/15/09

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