

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
K.A.R. 82-3-117

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 5135
Name: John O. Farmer, Inc.
Address 1: P.O. Box 352
Address 2: _____
City: Russell State: KS Zip: 67665 + 0.3.5.2
Contact Person: Marge Schulte
Phone: (785) 483-3145, Ext. 214
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: E-23,923 Gas Storage Permit #: _____
Is ACO-1 filed? Yes No If not, is well log attached? Yes No
Producing Formation(s): List All (If needed attach another sheet)
(Inj. zone) L/KC "I" Depth to Top: 3832' Bottom: 3838' T.D. 3930'
(Inj. zone) "K" Depth to Top: 3872' Bottom: 3880' T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - -065-21,090-00-01
Spot Description: _____
App. NW NE SW Sec. 18 Twp. 9 S. R. 23 East West
3370 2323 Feet from North South Line of Section
1725 3672 Feet from East West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Graham
Lease Name: Albertson Well #: 3
Date Well Completed: 6-17-05 (recompletion)
The plugging proposal was approved on: prior to plugging (Date)
by: District #4 (KCC District Agent's Name)
Plugging Commenced: 10:00 A.M., 11-5-10
Plugging Completed: 10:30 A.M., 11-5-10

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out
3832-38'	(L/KC "I" ER zone)	surface	8-5/8"	206'	-0-
3872-80'	(L/KC "K" ER zone)	production	5-1/2"	3928'	-0-
(prior to recompletion as ER,					
well produced from L/KC)					

Describe in detail the manner in which the well is 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 depth placed from (bottom), to (top) for each plug set.

Hooked on to 5-1/2" casing - mixed 50 sks. 60/40 Pozmix w/300# hulls, 14 sks. gel - 230 sks. cement - maximum pressure - 600#. Took off swedge - topped off 5-1/2" casing w/10 sks. cement. Hooked on backside - pressured to 200 PSIG - no cement.

TOTAL: 290 sks. 60/40 Pozmix, 14 sks. gel, & 300# hulls

Plugging Contractor License #: 99996 Name: Allied Cementing Company, LLC.
Address 1: P.O. Box 31 Address 2: _____
City: Russell State: Kansas Zip: 67665 + 0.0.3.1
Phone: (785) 483-2627

Name of Party Responsible for Plugging Fees: John O. Farmer, Inc.
State of Kansas County, Russell, ss.
John O. Farmer III, President of John O. Farmer, Inc. Employee of Operator or Operator on above-described well,
(Print Name)

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 is as filed, and the same are true and correct, so help me God.

Signature: John O. Farmer III 12-6-10

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DR

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

COPY

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: _____
License: _____

Wellsite Geologist: _____
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: John O. Farmer, Inc.

Well Name: Albertson #3
Original Comp. Date: 2-21-79 Original Total Depth: 3930'
____ Deepening ____ Re-perf. Conv. to Enhr./SWD
____ Plug Back ____ Plug Back Total Depth
____ Commingled Docket No. E-23,923
____ Dual Completion Docket No. _____
____ Other (SWD or Enhr.?) Docket No. _____

<u>6-2-05</u>	<u>6-17-05</u>
<u>Spud Date or</u>	<u>Completion Date or</u>
<u>Recompletion Date</u>	<u>Recompletion Date</u>

API No. 15 - 065-21,090
County: Graham
App. NW NE SW Sec. 18 Twp. 9 S. R. 23 East West
2310 feet from S / N (circle one) Line of Section
1725 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Albertson Well #: 3
Field Name: Ernst Northwest

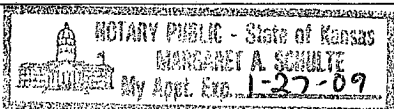
Producing Formation: Lansing "I" & "K"
Elevation: Ground: 2344' Kelly Bushing: 2349'
Total Depth: 3930' Plug Back Total Depth: 3896'
Amount of Surface Pipe Set and Cemented at _____ Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan
(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. 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
Title: President Date: 7-8-05
Subscribed and sworn to before me this 8th day of July
20 05.
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

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KCC WICHITA

Operator Name: John O. Farmer, Inc. Lease Name: Albertson Well #: 3
 Sec. 18 Twp. 9 S. R. 23 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 <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------

CASING RECORD <input 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"	26#	206'	Common	135	3% C.C.
Production	7-7/8"	5-1/2"	10.5#	3928'	Common	150	
DV Tool				2024'		325	

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 (Amount and Kind of Material Used)	Depth
	Lansing "I" 3832-3838'		
	Lansing "K" 3872-3880'		

TUBING RECORD	Size Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2-3/8"	3816"	
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
			500 BWPD maximum

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 3832-3838 & 3872-3880'

KANSAS DRILLERS LOG

COPY

S. 18 T. 9S R. 23W E
 W
 Loc. 75' East NW NE SW
 County Graham County, Kansas

API No. 15 — County Number

Operator
John O. Farmer, Inc.

Address
Box 352 Russell, Kansas 67665

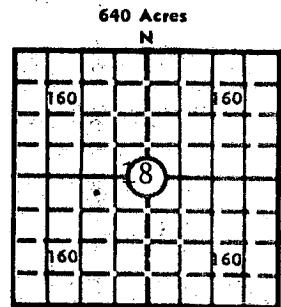
Well No. #3 Lease Name Albertson

Footage Location
330 feet from (N) (3) line 915 feet from (E) (W) line

Principal Contractor John O. Farmer, Inc. Geologist Sam L. Farmer

Spud Date 1-22-79 Total Depth 3930' P.B.T.D.

Date Completed 1-31-79 Oil Purchaser



Locate well correctly
 Elev.: Gr. 2344'
 DF 2347' KB 2349'

CASING RECORD

Report of all strings set — surface, intermediate, production, etc.

Purpose of string	Size hole drilled	Size casing set (in O.D.)	Weight lbs/ft.	Setting depth	Type cement	Sacks	Type and percent additives
Surface	12 1/4	8-5/8	26	206'	Common	135	
Production	7-7/8	5 1/2	10 1/2	3928	Common	150	
		DV Tool	@ 2024'				

LINER RECORD

PERFORATION RECORD

Top, ft.	Bottom, ft.	Sacks cement	Shots per ft.	Size & type	Depth interval
			4	DP	3872-3880
			4	DP	3832-38

TUBING RECORD

Size	Setting depth	Packer set at
2"	3830	

ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD

Amount and kind of material used	Depth interval treated
2,000 15%	3872-3880
2,000 15%	3832-38

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INITIAL PRODUCTION

Date of first production <u>2-28-79</u>	Producing method (flowing, pumping, gas lift, etc.) <u>Pumping</u>		
RATE OF PRODUCTION PER 24 HOURS	Oil <u>70</u> bbls.	Gas <u>0</u> MCF	Water <u>Trace</u> bbls.
Disposition of gas (vented, used on lease or sold)		Producing interval (s) <u>3872-3880 3832-38 Lansing</u>	

KCC WICHITA

INSTRUCTIONS: As provided in KCC Rule 82-2-125, within 90 days after completion of a well, one completed copy of this Drillers Log shall be transmitted to the State Geological Survey of Kansas, 4150 Monroe Street, Wichita, Kansas 67209. Copies of this form are available from the Conservation Division, State Corporation Commission, 3830 So. Meridian (P.O. Box 17027), Wichita, Kansas 66217. Phone AC 316-522-2206. If confidential custody is desired, please note Rule 82-2-125. Drillers Logs will be on open file in the Oil and Gas Division, State Geological Survey of Kansas, Lawrence, Kansas 66044.

DESIGNATE TYPE OF COMP.: OIL, GAS, DRY HOLE, SWDW, ETC.:

Operator

John O. Farmer, Inc.

Well No.

#3

Lease Name

Albertson

Oil

S 18 T 9S R 23W E W

WELL LOG

Show all important zones of porosity and contents thereof; cored intervals, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.

SHOW GEOLOGICAL MARKERS, LOGS RUN, OR OTHER DESCRIPTIVE INFORMATION.

FORMATION DESCRIPTION, CONTENTS, ETC.	TOP	BOTTOM	NAME	DEPTH
Clay and Sand	-0-	20	Log Tops:	
Blue Shale	20	206	Anhydrite	1990' (+ 359)
Shale & Sand	206	1530	Heebner	3642' (-1293)
Sand	1530	1720	Toronto	3666' (-1317)
Red Bed	1720	1990	Lansing	3682' (-1333)
Anhydrite	1990	2024	B/KC	3906' (-1557)
Shale & Shells	2024	2275	Log TD	3929' (-1580)
Lime & Shale	2275	2435	RTD	3930' (-1518)
Shale & Lime	2435	2195		
Lime & Shale	2195	2955		
Shale & Lime	2955	3700		
Lime	3700	3930		
DST. #1 3695' to 3715' Tool Open 30-30-60-60; Weak Blow Rec: 60' gas; 70' oil cut mud (45% mud, 25% oil, 30% water) IFP: 40-40 FFP: 51-51 BHP: 551-551	DST. #3 3858' to 3880' Tool Open 30-30-60-60; Strong Blow Rec: 330' gas; 450' mud cut gassey oil; 240' clean gassey oil; 60' water IFP: 81-173 FFP: 224-306 BHP: 418-530			
DST. #2 3820' to 3840' Tool Open 30-30-60-60; Strong Blow Rec: 1200' gas; 440' slightly mud cut oil; 300' gassey oil IFP: 71-142 FFP: 204-275 BHP: 205-295				

USE ADDITIONAL SHEETS, IF NECESSARY, TO COMPLETE WELL RECORD.

Date Received

John O. Farmer
Signature

President

Title

March 6, 1979

Date

ALLIED CEMENTING CO., LLC. 035148 A

REMIT TO PO BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
OAKLEY

DATE <u>11-5-10</u>	SEC <u>18</u>	TWP <u>9S</u>	RANGE <u>23W</u>	CALLED OUT	ON LOCATION <u>9:00 AM</u>	JOB START <u>10:00 AM</u>	JOB FINISH <u>10:30 AM</u>
LEASE <u>ALBERTSON</u>	WELL # <u>3</u>	LOCATION <u>Hill east south to Red Line</u>			COUNTY <u>GRAHAM</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>OLD</u>			HWD <u>2 1/2" N E INTO</u>				

COPY

CONTRACTOR <u>None</u>	OWNER <u>None</u>
TYPE OF JOB <u>Old Hole</u>	
HOLE SIZE	CEMENT
CASING SIZE <u>5 1/2"</u>	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG	
PERFS.	
DISPLACEMENT	

EQUIPMENT			
PUMP TRUCK CEMENTER # <u>422</u>	HELPER <u>WAYNE</u>	HULLS <u>500</u>	@ <u>31.95</u> = <u>15975</u>
BULK TRUCK # <u>386</u>	DRIVER <u>KEVIN</u>		
BULK TRUCK # <u>396</u>	DRIVER <u>C. J.</u>	HANDLING <u>324 SKS</u>	@ <u>2.28</u> = <u>739</u>
		MILEAGE <u>104.00</u>	@ <u>16.20</u> = <u>1684.80</u>
		TOTAL	<u>6215.05</u>

REMARKS:

HOOK ON TO 5 1/2" CASING MAX

50 SKS CEMENT WITH 300# HULLS 14 SKS

64 230 SKS CEMENT MAX PRESSURE

600# TAKE OFF SWEDGE TOP OFF

5 1/2" CASING WITH 10 SKS CEMENT

HOOK ON BACKSIDE - PRESSURED TO

200 PSI. NO CEMENT

LEFT PUMP TRUCK ON LOCATION DAY BEFORE

THANK YOU

CHARGE TO: JOHN D. FARMER

TOTAL 875

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

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.

SALES TAX (If Any) _____

TOTAL CHARGES _____

PRINTED NAME _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Walter A. ...

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