

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 South Market, Room 2078
Wichita, KS 67202

WELL PLUGGING RECORD
K.A.R.-82-3-117

API NUMBER 15-171-20,517-00-00

LEASE NAME Carpenter Trust

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 60 days.

WELL NUMBER CH-2 (SW NE SE)

1650 Ft. from S Section Line
990 Ft. from E Section Line

LEASE OPERATOR John O. Farmer, Inc.

SEC. 27 TWP. 16S RGE. 32 XXXXXX (W)

ADDRESS P.O. Box 352, Russell, KS 67665

COUNTY Scott

PHONE# (785) 483-3144 OPERATORS LICENSE NO. 5135

Date Well Completed 8-29-97

Character of Well Corehole
(Oil, Gas, D&A, SWD, Input, Water Supply Well)

Plugging Commenced 12:15 P.M., 8-29-97

Plugging Completed 1:15 P.M., 8-29-97

The plugging proposal was approved on 8-28-97 (date)
by Richard Lacey, District #1 (KCC District Agent's Name).

Is ACO-1 filed? Attached If not, is well log attached? _____

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 775'

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

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
				5-1/2"	20' @ 23'	

Describe in detail the manner in which the well was 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 and depth placed, from _____ feet to _____ feet each set.

Circulated w/45 sks. cement from 340' to surface. Put 1 jt. 5-1/2" in hole and topped off w/5 sks., circulated through 5-1/2" casing. NOTE: Drill pipe was stuck @ 360' Backed off @ 340' and plugged from 340' to surface in accordance with plan approved by KCC District #1. (Heavy drilling mud was in hole from 340' to T.D. @ 775') (observed by Kevin Strube KCC District #1)

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Allied Cementing Company, Inc. License No. _____

Address P.O. Box 31, Russell, KS 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: John O. Farmer, Inc.

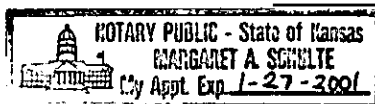
STATE OF Kansas COUNTY OF Russell, ss.

John O. Farmer III XXXXXXXXXXXXXXXXXXXXXXXX (Operator) of above-described well, 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 as filed that the same are true and correct, so help me God.

(Signature) John O. Farmer III

(Address) P.O. Box 352, Russell, KS 67665

SUBSCRIBED AND SWORN TO before me this 13th day of October, 19 97



Margaret A. Schulte
Notary Public
Margaret A. Schulte

Form CP-4
Revised 05-88

STATE OF KANSAS
OCT 15 1997
COUNTY OF RUSSELL
WICHITA, KS 67202

EFFECTIVE DATE: 8-19-97

State of Kansas

FORM MUST BE TYPED

DISTRICT # 1NOTICE OF INTENTION TO DRILL 171-20, 517 - 0000 ALL BLANKS MUST BE FILLED

FORM MUST BE SIGNED

SGA? Yes No

Must be approved by the K.C.C. five (5) days prior to commencing well.

Expected Spud Date 8 month 16 day 97 year

Spot

SW NE SE Sec 27 Twp 16 S, Rg 32 X West EastOPERATOR: License # 5135Name: JOHN O. FARMER, INC.Address: P.O. BOX 352City/State/Zip: RUSSELL, KS 67665Contact Person: Martin K. DuboisPhone: (913) 483-3144CONTRACTOR: License #: 9561Name: Glen Chase Drilling

Well Drilled For: Well Class: Type Equipment:

☐ Oil ☐ Enh Rec ☐ Infield ☐ Mud Rotary
☐ Gas ☐ Storage ☐ Pool Ext. ☐ Air Rotary
☐ CWWO ☐ Disposal ☐ Wildcat ☐ Cable
☐ Seismic; ☐ # of Holes ☐ Other
☒ Other corehole

If CWWO: old well information as follows:

Operator: _____

Well Name: _____

Comp. Date: _____ Old Total Depth _____

Directional, Deviated or Horizontal wellbore? ☒ yes ☐ no

if yes, true vertical depth: _____

Bottom Hole Location: _____

Exp. 2/14/98

AFFIDAVIT

20' Alt. III Req.

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55-101, et. seq.

Pusher Marty Dubois
 SPUD DATE 8-21-97 INIT. RL
 LENGTH SURFACE PLANNED 5 1/2 24
 RESERVE PIT STATUS- REMOVE FLUID LINED
 after salt sect. bbls. when done bbls.
 RATHOLED AHEAD? Y N SIZE HOLE _____
 SURFACE PIPE @ _____ CONDUCTOR _____
 ANHYDRITE T- _____ B- _____ ELEVATION _____
 TD _____ FORMATION _____
 RAR PIPE @ _____ DV TOOL _____ ALT II DONE _____
 _____ SX _____ Y _____ N _____
 _____ 6-buckle Plug @ _____ Ft. W/ _____ SX
 _____ Plug./Council @ _____ Ft. W/ _____ SX
 _____ Anhydrite Base @ _____ Ft. W/ _____ SX
 _____ 1/2 Base Anyh. @ _____ Ft. W/ _____ SX
 _____ 1/2, 1/2 Plug @ _____ Ft. W/ _____ SX
 _____ Bottom Surface @ _____ Ft. W/ _____ SX
 _____ 40' Plug @ _____ Ft. W/ _____ SX
 RAT HOLE CIRC/W _____ SX MOUSE HOLE W/ _____ SX
 WATER WELL _____ SX (1rr. Well _____ Pond _____)
 Hauling _____
 TECHNICIAN _____ DATE _____
 TYPE OF CEMENT _____
 STARTING TIME _____ (AM/PM) DATE _____
 COMPLETION TIME _____ (AM/PM) DATE _____
 CEMENT COMPANY _____