

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACD-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 5135

Name: John O. Farmer, Inc.

Address P.O. Box 352

City/State/Zip Russell, KS 67665

Purchaser: _____

Operator Contact Person: Martin K. Dubois

Phone (785) 483-3144

Contractor: Name: Layne-Western

License: 6849

Wellsite Geologist: Martin K. Dubois

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:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

12-9-98 12-10-98
Spud Date Date Reached TD Completion Date

API NO. 15- 171-20,534-00-00

County Scott

C - NW - SE Sec. 26 Twp. 16 Rge. 32 X ^E_W

1980 Feet from (S)N (circle one) Line of Section

1980 Feet from (E)W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, (SE) NW or SW (circle one)

Lease Name Janssen Well # CH-5

Field Name (Wildcat)

Producing Formation _____

Elevation: Ground 2975' KB _____

Total Depth 763' PBDT _____

Amount of Surface Pipe Set and Cemented at 20' @ 23' 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 ALT 3 1-21-99 DV
(Data must be collected from the Reserve Pit) No 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 Rng. _____ E/W

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 on 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.

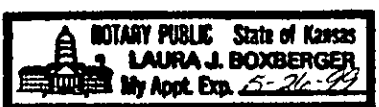
Signature Martin K. Dubois
Title Exploration Manager Date 1-5-99

Subscribed and sworn to before me this 5th day of January,
19 99.

Notary Public Laura J. Boxberger
Date Commission Expires 5-26-99

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received

Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)



SIDE TWO

Operator Name John O. Farmer, Inc. Lease Name Janssen Well # CH-5

Sec. 26 Twp. 16 Rge. 32 East West
 County Scott

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

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: Gamma Ray/Neutron

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 Ft. Hays 690 +2285

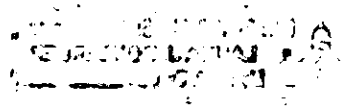
CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs./Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface/Marker	6 1/4"	5 1/2"		20' @ 23'	60/40 Pozmix	25	6% 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		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, SMD or Inj.	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**
 Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
 (If vented, submit ACO-18.) Other (Specify) _____



ALLIED CEMENTING CO., INC.

3132

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

ORIGINAL SERVICE POINT:

OAKLEY

DATE <u>12-10-98</u>	SEC. <u>26</u>	TWP. <u>16S</u>	RANGE <u>32W</u>	CALLED OUT	ON LOCATION <u>11:00 AM</u>	JOB START <u>12:15 PM</u>	JOB FINISH <u>1:30 PM</u>
LEASE <u>JANSSEN</u>		WELL # <u>CH-5</u>	LOCATION <u>OAKLEY 34S-2E-12S</u>			COUNTY <u>Scott</u>	STATE <u>Ks</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR LAYNE

TYPE OF JOB ATA

HOLE SIZE 6 1/4" T.D. 760'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2" & 2 3/4" DEPTH 760'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER SAME

CEMENT AMOUNT ORDERED 110 SKS 60/40 PORT 68 6EL

EQUIPMENT

PUMP TRUCK CEMENTER TERRY

300 HELPER WAYNE

BULK TRUCK

214 DRIVER JIM

BULK TRUCK

_____ DRIVER _____

COMMON	<u>66</u>	<u>SKS</u>	@	<u>7.55</u>	<u>498.30</u>
POZMIX	<u>44</u>	<u>SKS</u>	@	<u>3.25</u>	<u>143.00</u>
GEL	<u>6</u>	<u>SKS</u>	@	<u>9.50</u>	<u>57.00</u>
CHLORIDE			@		
			@		
			@		
			@		
			@		
HANDLING	<u>110</u>	<u>SKS</u>	@	<u>1.05</u>	<u>115.50</u>
MILEAGE	<u>44</u>	<u>per sk mile</u>			<u>162.00</u>
TOTAL					<u>976.60</u>

REMARKS:

MIX 55 SKS CEMENT AT 760' & PLACE
MIX 30 SKS CEMENT AT 380' & PLACE
MIX 25 SKS CEMENT TO SURFACE. RUN 5 1/2" CASING IN HOLE &
MIX 25 SKS CEMENT TO SURFACE

THANK YOU

CHARGE TO: John O. Farmer.

STREET Box 352

CITY Russell STATE Kansas ZIP 67665

SERVICE

DEPTH OF JOB	<u>760'</u>		
PUMP TRUCK CHARGE			<u>250.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>37 miles</u>	@	<u>2.85</u> <u>105.45</u>
PLUG		@	
		@	
		@	
TOTAL			<u>355.45</u>

FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

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.

SIGNATURE Bob Knopf

Bob Knopf
PRINTED NAME