



3/28/14

Form ACD-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

| OPERATOR: License #5135 | API No. 15 - 147-20,665-00-00 |
|--|---|
| Name: John O. Farmer, Inc. | Spot Description: |
| Address 1: P.O. Box 352 | SE_SE_NE_SW Sec. 4 Twp. 2 S. R. 18 Teast V West |
| Address 2: | 1,495 Feet from North / South Line of Section |
| City: Russell State: KS Zip: 67665 + 0 3 5 2 | 2,780 South Line of Section |
| Contrast Dessey Marrie Schulte | 2,780 Feet from Feet from Section |
| Phone: (785) 483-3145, Ext. 214 | Footages Calculated from Nearest Outside Section Corner: |
| 33575 | □ NE □ NW ☑ SE □ SW County: Phillips |
| WW Drilling LLC | |
| Wellsite Geologist: Randall Kilian | Lease Name: Reimer Unit Well #: 1 |
| | Field Name: (wildcat) |
| Purchaser: | Producing Formation: None |
| Designate Type of Completion: | Elevation: Ground: 2177' Kelly Bushing: 2182' |
| New Well Re-Entry Workover | Total Depth: 3675' Plug Back Total Depth: |
| OII WSW SWD SIOW | Amount of Surface Pipe Set and Cemented at: Feet |
| ☐ Gas ② D&A ☐ ENHR ☐ SIGW | Multiple Stage Cementing Collar Used? ☐ Yes ☑ No |
| ☐ OG ☐ GSW ☐ Temp. Abd. | If yes, show depth set: Feet |
| CM (Coal Bed Mathane) | If Alternate II completion, cement circulated from: |
| Cathodic Other (Core, Expl., etc.): | feet depth to:w/sx cmt. |
| If Workover/Re-entry: Old Well Info as follows: | |
| Operator: | |
| Well Name: | Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) |
| Original Comp. Date: Original Total Depth: | |
| ☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD ☐ Conv. to GSW | Chloride content: 14,000 ppm Fluid volume: 800 bbls Dewatering method used: evaporation |
| Plug Back: Plug Back Total Depth | Location of fluid disposal if hauled offsite: |
| Commingled Permit #: | |
| Dual Completion Permit #: | Operator Name: |
| SWD Permit #: | Lease Name: License #: |
| ENHR Permit #: | Quarter CONSIDER TwpS. R [] East [] West |
| GSW Permit #: | County: MAR 2 8 2014 Permit #: RECEIVED |
| 2-2-12 2-5-12 | MAD |
| Spud Date or Date Reached TD Completion Date or Recompletion Date | KCC MAR 2-9 2012 |
| INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas 67202, within 120 days of the spud date, recompletion, workover or composed two of this form will be held confidential for a period of 12 months if requestiality in excess of 12 months). One copy of all wireline logs and geologist well in BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form | version of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information ested in writing and submitted with the form (see rule 82-3-107 for confidence of shall be attached with this form. ALL CEMENTING TOKETS ALLET |
| AFFIDAVIT | KCC Office Have Chink |
| am the affiant and I hereby certify that all requirements of the statutes, rules and req | KCC Office Use ONLY |
| ations promulgated to regulate the oil and gas industry have been fully complied w | ith Letter of Confidentiality Received |
| and the statements herein are complete and correct to the best of my knowledge. | |
| Signature LLO. Forme III | ☐ Considential Release Date: |
| Signature: Outure | Geologist Report Received |
| Title: | UIC Distribution |
| | ALT [1 |