



**CONFIDENTIAL**

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 5135  
Name: Farmer, John O., Inc.  
Address 1: 370 W WICHITA AVE  
Address 2: PO BOX 352  
City: RUSSELL State: KS Zip: 67665 + 2635  
Contact Person: Marge Schulte  
Phone: ( 3357E ) 483-3144  
CONTRACTOR: License # 33575  
Name: WW Drilling, LLC  
Wellsite Geologist: Austin Klaus  
Purchaser: Coffeyville Resources

Designate Type of Completion:

- New Well     Re-Entry     Workover
- Oil     WSW     SWD     SIOW  
 Gas     D&A     ENHR     SIGW  
 OG     GSW     Temp. Abd.  
 CM (Coal Bed Methane)  
 Cathodic     Other (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_  
Well Name: \_\_\_\_\_  
Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_  
 Deepening     Re-perf.     Conv. to ENHR     Conv. to SWD  
 Conv. to GSW  
 Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
 Commingled    Permit #: \_\_\_\_\_  
 Dual Completion    Permit #: \_\_\_\_\_  
 SWD    Permit #: \_\_\_\_\_  
 ENHR    Permit #: \_\_\_\_\_  
 GSW    Permit #: \_\_\_\_\_

<u>06/14/2012</u>	<u>06/20/2012</u>	<u>07/09/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-147-20681-00-00  
Spot Description: SW SW NE NE  
SW SW NE NE Sec. 15 Twp. 5 S. R. 20  East  West  
1010 Feet from  North /  South Line of Section  
1075 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Phillips  
Lease Name: States A Well #: 1  
Field Name: Hansen West  
Producing Formation: Arbuckle  
Elevation: Ground: 2130 Kelly Bushing: 2135  
Total Depth: 3618 Plug Back Total Depth: 3594  
Amount of Surface Pipe Set and Cemented at: 218 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: 1670 Feet  
If Alternate II completion, cement circulated from: 1670  
feet depth to: 0 w/ 165 sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: 14000 ppm Fluid volume: 320 bbls  
Dewatering method used: Evaporated  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**AFFIDAVIT**

I am the affiant and I hereby certify that 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.

Submitted Electronically

**KCC Office Use ONLY**

- Letter of Confidentiality Received  
Date: 08/06/2012  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: Deanna Garrison Date: 08/08/2012