



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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: ( 785 ) 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 #:

09/19/2012 09/25/2012 10/17/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-147-20692-00-00
Spot Description: NW NW NE NE
NW NW NE NE Sec. 15 Twp. 5 S. R. 20 [ ] East [x] West
110 Feet from [x] North [ ] South Line of Section
1170 Feet from [x] East [ ] West Line of Section

Footages Calculated from Nearest Outside Section Corner:
[x] NE [ ] NW [ ] SE [ ] SW

County: Phillips
Lease Name: States A Well #: 2
Field Name: Hansen West

Producing Formation: Gorham Sand
Elevation: Ground: 2099 Kelly Bushing: 2104
Total Depth: 3625 Plug Back Total Depth: 3606
Amount of Surface Pipe Set and Cemented at: 234 Feet
Multiple Stage Cementing Collar Used? [x] Yes [ ] No
If yes, show depth set: 1623 Feet
If Alternate II completion, cement circulated from: 1623
feet depth to: 0 w/ 225 sx crnt.

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

[x] Letter of Confidentiality Received
Date: 01/14/2013
[ ] Confidential Release Date:
[x] Wireline Log Received
[x] Geologist Report Received
[ ] UIC Distribution
ALT [ ] I [x] II [ ] III Approved by: NAOMI JAMES Date: 01/15/2013