



CONFIDENTIAL

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 # 32854
 Name: Gulick Drilling Co., Inc.
 Wellsite Geologist: Austin Klaus
 Purchaser: _____

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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>10/15/2012</u>	<u>10/21/2012</u>	<u>10/22/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-111-20461-00-00
 Spot Description: NW NW NW SE
NW NW NW SE Sec. 7 Twp. 16 S. R. 10 East West
2330 Feet from North / South Line of Section
2350 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Lyon
 Lease Name: Gilbert Well #: 1
 Field Name: (wildcat)
 Producing Formation: None
 Elevation: Ground: 1399 Kelly Bushing: 1407
 Total Depth: 3313 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 224 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 cm.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
 Chloride content: 12000 ppm Fluid volume: 160 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: 01/29/2013

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 01/30/2013