



WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

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 #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ 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

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

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: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Ward Loyd, Commissioner  
Thomas E. Wright, Commissioner

Sam Brownback, Governor

September 08, 2011

P. J. Buck  
Jones & Buck Development, a General  
Partnership  
PO BOX 68  
SEDAN, KS 67361-0068

Re: ACO1  
API 15-019-27045-00-00  
Thompson JBD 36-1  
NE/4 Sec.36-33S-10E  
Chautauqua County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
P. J. Buck

**ACKARMAN HARDWARE and LUMBER CO**  
**160 EAST MAIN STREET**  
**SEDAN, KS 67361**

**PHONE: (620) 725-3103**

THANKS FOR YOUR BUSINESS!!

Cust No 253636	Job No	Purchase Order	Reference THOMPSON <b>36-1</b>	Terms NET 10TH	Clerk GC	Date 6/24/11	Time 9:52
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**Sold To:**  
 JONES & BUCK DEVELOPMENT  
 P. O. BOX 68  
 SEDAN KS 67361

**Ship To:**

DOC# 202492  
 \*\*\*\*\*  
 \* INVOICE \*  
 \*\*\*\*\*

TAX : 001 KANSAS SALES TAX

LN#	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/PER	EXTENSION
1	10		EA	RM44816	PORTLAND CEMENT 92.6#		10	10.95 /EA	109.50 *

** AMOUNT CHARGED TO STORE ACCOUNT **	120.23	TAXABLE	109.50
		NON-TAXABLE	0.00
(LEON )		SUBTOTAL	109.50

TAX AMOUNT	10.73
TOTAL AMOUNT	120.23

*X*   
 Received By



**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

PO 7/19/11  
CX# 123793  
MAIN OFFICE  
P.O. Box 884  
Chanute, KS 66720  
620/431-9200 • 1-800/467-8676  
FAX 620/431-0012

INVOICE

Invoice # 242525

Invoice Date: 07/13/2011 Terms: 10/10/30,n/30

Page 1

J. B. D. % P. J. BUCK  
P.O. BOX 68  
SEDAN KS 67361  
(620)725-3636

THOMPSON JBD 36-1  
32159  
07/05/11  
36-33-10  
OK

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	140.00	18.3000	2562.00
1107A	PHENOSEAL (M) 40# BAG)	80.00	1.2200	97.60
1110A	KOL SEAL (50# BAG)	700.00	.4200	294.00
1123	CITY WATER	5800.00	.0156	90.48
4404	4 1/2" RUBBER PLUG	1.00	42.0000	42.00

Sublet Performed	Description	Total
9999-240	CASH DISCOUNT	-223.86
9999-240	CASH DISCOUNT	-308.61

Description	Hours	Unit Price	Total
492 CEMENT PUMP	1.00	975.00	975.00
492 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.00	200.00
492 CASING FOOTAGE	1360.00	.21	285.60
NUNNE WATER TRANSPORT (CEMENT)	4.00	112.00	448.00
518 MIN. BULK DELIVERY	1.00	330.00	330.00

Amount Due 5580.83 if paid after 08/12/2011

Parts:	3086.08	Freight:	.00	Tax:	230.54	AR	5022.75
Labor:	.00	Misc:	.00	Total:	5022.75		
Sublt:	-532.47	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_

Date \_\_\_\_\_

BARTLESVILLE, OK  
918/338-0808

ELDORADO, KS  
316/322-7022

EUREKA, Ks  
620/583-7664

GILLETTE, WY  
307/686-4914

OAKLEY, KS  
785/672-2227

OTTAWA, Ks  
785/242-4044

THAYER, Ks  
620/839-5269

WORLAND, WY  
307/347-4577



**CONSOLIDATED**  
Oil Well Services, LLC

# 242525

TICKET NUMBER 32159  
LOCATION B-ville  
FOREMAN Coop

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-5-11	4291	Thompson # JBO 36-1	36	33	10	CR
CUSTOMER JBO						
MAILING ADDRESS						
CITY						
STATE						
ZIP CODE						
TRUCK #	DRIVER	TRUCK #	DRIVER			
492	Tim					
518	Bruce L					
	Nunnly T.P.					

JOB TYPE L.S. HOLE SIZE 6 7/8 HOLE DEPTH 1360' CASING SIZE & WEIGHT 4 1/2 9.5#  
 CASING DEPTH 1360' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING -0-  
 DISPLACEMENT 21.75 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Pumped 15 bbl cement. Est. circulation, pumped 140 lbs Thru-set cement, flushed pump  
 line, displaced plug to bottom, set plug, shut in.

-Circulated cement to surface

Safety MT 6

Coop

Tim

Bruce L

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	50	MILEAGE		200.00
5402	1360'	Casing Footage e.		285.60
5407	1	Bulk Trunk		330.00
5501K	4 hr	Transport		448.00
1126A	140.00	Thru-set cement		2562.00
1107A	80#	Primo Seal		97.60
1110A	700#	Hot Seal		294.00
1103	5800, 1	Culby Rubber		90.48
4404	1	4 1/2 Rubber Plug		42.00
		10% Discount - Paid in 30 Days # 5022.75		
			1.3%	SALES TAX
				256.14
				ESTIMATED TOTAL \$5580.82

Ravin 3737

AUTHORIZATION Tom OAST

TITLE Geologist

DATE 7-5-2011

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.