



KANSAS CORPORATION COMMISSION 1063009  
OIL & GAS CONSERVATION DIVISION

Form ACO-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 # \_\_\_\_\_

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

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: \_\_\_\_\_



1063009

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				

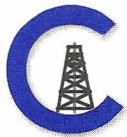
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

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

MAIN OFFICE  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
FAX 620/431-0012

INVOICE

Invoice # 243856

=====  
Invoice Date: 08/31/2011 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 36-6  
182000137  
08/30/11  
36-33S-10E  
KS

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	.4400	308.00
1123	CITY WATER	5900.00	.0156	92.04
1118	PREMIUM GEL / BENTONITE	150.00	.2000	30.00
4404	4 1/2" RUBBER PLUG	1.00	45.0000	45.00

Sublet Performed	Description	Total
9999-240	CASH DISCOUNT	-284.64
9999-240	CASH DISCOUNT	-313.46

Description	Hours	Unit Price	Total
486 MIN. BULK DELIVERY	1.00	330.00	330.00
T-111 WATER TRANSPORT (CEMENT)	5.00	112.00	560.00
RICKS 80 BBL VACUUM TRUCK (CEMENT)	5.00	100.00	500.00
T-133 CEMENT PUMP	1.00	975.00	975.00
T-133 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.00	200.00
T-133 CASING FOOTAGE	1340.00	.21	281.40

Amount Due 6241.22 if paid after 09/30/2011

Parts:	3134.64	Freight:	.00	Tax:	234.16	AR	5617.10
Labor:	.00	Misc:	.00	Total:	5617.10		
Sublt:	-598.10	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_ Date \_\_\_\_\_

# 243856



CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	JBD, LS	State, County	Chautauqua, Kansas	Cement Type	CLASS A
Customer Acct #		Section	36	Excess (%)	30
Well No.	Thompson #JBD 36-6	TWP	33S	Density	13.8
Mailing Address		RGE	10E	Water Required	
City & State		Formation	bville	Yield	1.75
Zip Code		Hole Size	6 3/4	Slurry Weight	13.8
Contact		Hole Depth	1350	Slurry Volume	245 cuft
Email		Casing Size	4 1/2 INCH, J-55 (10.5 LBS)	Displacement	21.37
Cell		Casing Depth	1340	Displacement PSI	550
Office		Drill Pipe	0	MIX PSI	250
Dispatch Location	BARTLESVILLE	Tubing		Rate	4.5

Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX.	\$975.00	\$ 975.00
5406	EQUIPMENT MILEAGE (ONE-WAY)	50	/MI PER UNIT	\$4.00	\$ 200.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	/LOAD	\$330.00	\$ 330.00
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
5402	FOOTAGE	1,340	PER FOOT	0.21	\$ 281.40
<b>EQUIPMENT TOTAL</b>					<b>\$ 1,786.40</b>

Cement, Chemicals and Water					
1126A	THICK SET CEMENT (8LB OWC 4% GEL 2% CAL. CHLORIDE)	140	POUNDS	\$18.30	\$ 2,562.00
1107A	PHENOSEAL	80	POUNDS	\$1.22	\$ 97.60
1110A	KOL SEAL (50 # SK)	700	50 POUND SACK	\$0.44	\$ 308.00
1123	CITY WATER (PER 1000 GAL)	5,900	1000 GAL	\$0.02	\$ 92.04
1118	PREMIUM GEL/BENTONITE (100#)	150	POUNDS	\$0.20	\$ 30.00
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
<b>CHEMICAL TOTAL</b>					<b>\$ 3,089.64</b>

Water Transport					
5501C	WATER TRANSPORT (CEMENT)	5	/HR FROM CAMP	\$112.00	\$ 560.00
5502C	80 BBL VACUUM TRUCK (CEMENT)	5	/HR FROM CAMP	\$100.00	\$ 500.00
0		0		\$0.00	\$ -
<b>TRANSPORT TOTAL</b>					<b>\$ 1,060.00</b>

Cement Floating Equipment (TAXABLE)					
<b>Cement Basket</b>					
0			0	\$0.00	\$ -
<b>Centralizer</b>					
0			0	\$0.00	\$ -
<b>Float Shoe</b>					
0			0	\$0.00	\$ -
<b>Float Collars</b>					
0			0	\$0.00	\$ -
<b>Guide Shoes</b>					
0			0	\$0.00	\$ -
<b>Baffle and Flapper Plates</b>					
0			0	\$0.00	\$ -
<b>Packer Shoes</b>					
0			0	\$0.00	\$ -
<b>DV Tools</b>					
0			0	\$0.00	\$ -
<b>Ball Valves, Swedges, Clamps, Misc.</b>					
0			0	\$0.00	\$ -
<b>Plugs and Ball Sealers</b>					
4404	4 1/2 INCH RUBBER PLUG	1	EACH	\$45.00	\$ 45.00
<b>Downhole Tools</b>					
0			0	\$0.00	\$ -
<b>CEMENT FLOATING EQUIPMENT TOTAL</b>					<b>\$ 45.00</b>

DRIVER NAME	
536 T133	Williams, Chancey
486	Scullaw, Bryan
403 T111	Darnall, Robert
Ricks 80 vac	

SUB TOTAL	\$ 5,981.04
10% (-DISCOUNT)	\$ 598.10
SALES TAX	\$ 274.10
<b>DISCOUNTED TOTAL</b>	<b>\$ 5,617.10</b>

AUTHORIZATION *J. M. S.*  
DATE \_\_\_\_\_

TITLE \_\_\_\_\_

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.

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	JBD, LS	State, County	Chautauqua , Kansas	Cement Type	CLASS A
Customer Acct #	0	Section	36	Excess (%)	30
Well No.	Thompson #JBD 36-6	TWP	33S	Density	13.8
Mailing Address	0	RGE	10E	Water Required	0
City & State	0	Formation	bville	Yeild	1.75
Zip Code	0	Hole Size	6 3/4	Slurry Weight	13.8
Contact	0	Hole Depth	1350	Slurry Volume	245 cuft
Email	0	Casing Size	4 1/2INCH, J-55 (10.5 LBS	Displacement	21.37
Cell	0	Casing Depth	1340	Displacement PSI	550
Office	0	Drill Pipe	0	MIX PSI	250
Dispatch Location	BARTLESVILLE	Tubing	0	Rate	4.5
REMARKS					

Pumped 3 sks gel ahead est. circulation, pumped 140 sks thick set cement flushed pump and lines displaced plug to bottom set shoe shut in.  
Circulated cement to surface.

Safety MT 6  
Coop  
Chaney  
Rob  
Bryan S

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

PHONE: (620) 725-3103

THANKS FOR YOUR BUSINESS!!

Cust No	Job No	Purchase Order	Reference	Terms	Clerk	Date	Time
253636			THOMPSON	NET 10TH	SC	8/23/11	8:20

**Sold To:**  
 JONES & BUCK DEVELOPMENT  
 P. O. BOX 68  
 SEDAN KS 67361

**Ship To:**

DOC# 204897  
 TERM#553 \*\*DUPLICATE\*\*  
 \* 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
(RANDY BROWN )		SUBTOTAL	109.50
		TAX AMOUNT	10.73
		TOTAL AMOUNT	120.23

xManual Signature

Received By

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 09, 2011

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

Re: ACO1  
API 15-019-27061-00-00  
Thompson JBD 36-6  
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