



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: _____



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

October 24, 2011

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

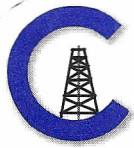
Re: ACO1
API 15-019-27071-00-00
Thompson JBD 36-8
NE/4 Sec.36-33S-10E
Chautauqua County, Kansas

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



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 # 244860

Invoice Date: 10/17/2011 Terms: 15/15/30,n/30 Page 1

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

THOMPSON JBD 36-8
182000157
10/04/11
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	140.00	18.3000	2562.00
1107A	PHENOSEAL (M) 40# BAG)	120.00	1.2200	146.40
1110A	KOL SEAL (50# BAG)	700.00	.4400	308.00
1123	CITY WATER	4000.00	.0156	62.40
4404	4 1/2" RUBBER PLUG	1.00	45.0000	45.00

Sublet Performed	Description	Total
9999-240	CASH DISCOUNT	-335.10
9999-240	CASH DISCOUNT	-468.57

Description	Hours	Unit Price	Total
NUNNE WATER TRANSPORT (CEMENT)	4.00	112.00	448.00
518 MIN. BULK DELIVERY	1.00	330.00	330.00
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	1338.00	.21	280.98

Amount Due 5617.06 if paid after 11/16/2011

Parts:	3123.80	Freight:	.00	Tax:	220.39	AR	4774.50
Labor:	.00	Misc:	.00	Total:	4774.50		
Sublt:	-803.67	Supplies:	.00	Change:	.00		

Signed _____ Date _____

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	JBD	State, County	Chautauqua , Kansas	Cement Type	CLASS A
Customer Acct #	LS	Section	0	Excess (%)	30
Well No.	0	TWP	0	Density	13.8
Mailing Address	Thompson JBD #36-8	RGE	0	Water Required	0
City & State	0	Formation	0	Yeild	1.75
Zip Code	0	Hole Size	6 3/4	Slurry Weight	13.8
Contact	0	Hole Depth	1340	Slurry Volume	245 cuft
Email	0	Casing Size	# 1/2INCH, J-55 (10.5 LBS)	Displacement	21.3
Cell	0	Casing Depth	1338	Displacement PSI	250
Office	0	Drill Pipe	0	MIX PSI	300
Dispatch Location	BARTLESVILLE	Tubing	0	Rate	4.5

REMARKS

Pumped 15 bbl 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 mtg
Comp
Chancey
Brewer

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	GC	8/31/11	9:08

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

Ship To:

DOC# 205198
 TERM#553
 DUPLICATE
 * INVOICE *


TAX : 001 KANSAS SALES TAX

LN#	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/PER	EXTENSION
1	20		EA	RM44816	PORTLAND CEMENT 92.6#		20	10.95 /EA	219.00 *

** AMOUNT CHARGED TO STORE ACCOUNT ** 240.46 TAXABLE 219.00
 (LEON) NON-TAXABLE 0.00
 SUBTOTAL 219.00

TAX AMOUNT 21.46
 TOTAL AMOUNT 240.46

36-7
 36-8


 Received By