



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: _____



1079023

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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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

April 18, 2012

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

Re: ACO1
API 15-019-27102-00-00
Lemmon JBD #11
SW/4 Sec.26-34S-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	Job No	Purchase Order	Reference	Terms	Clerk	Date	Time
253636			LEMON-MOORE	NET 10TH	GC	11/28/11	11:42

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

Ship To:

DOC# 208789
 TERM#552
 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 **

(RANDY BROWN)

120.23 TAXABLE 109.50
 NON-TAXABLE 0.00
 SUBTOTAL 109.50

TAX AMOUNT 10.73
 TOTAL AMOUNT 120.23

xManual Signature

Received By



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 # 246302

Invoice Date: 12/09/2011 Terms: 15/15/30,n/30 Page 1

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

LEMMON JBD #11
32408
12/02/11
26-34S-10E
KS

Part Number	Description	Qty	Unit Price	Total
1107A	PHENOSEAL (M) 40# BAG)	80.00	1.2900	103.20
1110A	KOL SEAL (50# BAG)	700.00	.4600	322.00
1118B	PREMIUM GEL / BENTONITE	150.00	.2100	31.50
1123	CITY WATER	5000.00	.0165	82.50
1126A	THICK SET CEMENT	140.00	19.2000	2688.00
4404	4 1/2" RUBBER PLUG	1.00	45.0000	45.00

Sublet Performed	Description	Total
9999-240	CASH DISCOUNT	-359.43
9999-240	CASH DISCOUNT	-490.83

Description	Hours	Unit Price	Total
398 CEMENT PUMP	1.00	1030.00	1030.00
398 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.00	200.00
398 CASING FOOTAGE	1251.00	.22	275.22
T-90 WATER TRANSPORT (CEMENT)	3.00	112.00	336.00
486 MIN. BULK DELIVERY	1.00	350.00	350.00
PLUG 4 1/2" PLUG CONTAINER	1.00	205.00	205.00

Amount Due 5940.02 if paid after 01/08/2012

Parts:	3272.20	Freight:	.00	Tax:	230.86	AR	5049.02
Labor:	.00	Misc:	.00	Total:	5049.02		
Sublt:	-850.26	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

#246302

TICKET NUMBER 32408
LOCATION Bartlesville
FOREMAN Tracy Williams

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/2/11	4291	Leman JBD#11	26	34S	10E	CG
CUSTOMER JBD						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

TRUCK #	DRIVER	TRUCK #	DRIVER
398	John W		
486	Bryan S		
415 T-90	Casey		

JOB TYPE LS HOLE SIZE 6 3/4 HOLE DEPTH 1620 CASING SIZE & WEIGHT 4 1/2 11.6
 CASING DEPTH 1251 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL 1.25 WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 19.4 DISPLACEMENT PSI 500 MIX PSI 100 RATE 4

REMARKS: Parked trucks on location + conducted safety meeting. Rigged up trucks then hooked up to casing. Pumped 5 bbl water then 3 sks of gel. Broke circulation + ran 140 sks Thickset cement. Shut down + washed up behind plug. Pumped plug to bottom + set shoe. Shoe would not set. Pumped plug back to bottom + set shoe. Shoe set + shut in casing. Washed up equipment.

Circulated 8 bbl cement slurry to pit

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5402	50	MILEAGE		200.00
5407	min	Bulk Delivery		350.00
5501C	3hrs	Transport		336.00
5402	1251	Footage		275.22
5621	1	4 1/2" Plug Container		205.00
1107A	80 #	Phenoseal		193.20
1110	700 #	Kolseal		322.00
1118B	150 #	Premium Gel		31.50
1123	5000 gal	City Water		82.50
1126A	140 sks	Thickset		2688.00
4404	1	4 1/2" Rubber Plug		45.00
		Less 15% Discount		950.26
		8.3% SALES TAX		271.61
		ESTIMATED TOTAL		5049.02

Ravin 3737

AUTHORIZATION _____ TITLE _____ DATE _____

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.

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



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April 18, 2012

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

Re: ACO-1
API 15-019-27102-00-00
Lemmon JBD #11
SW/4 Sec.26-34S-10E
Chautauqua County, Kansas

Dear P.J. Buck:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 11/28/2011 and the ACO-1 was received on April 18, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department