



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1105316
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1105316

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

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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ACKARMAN HARDWARE and LUMBER CO ^{PAGE NO 1}
 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	11/16/12	11:33

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

Ship To:

DOC# 222574
 TERM#553 **DUPLICATE**
 * INVOICE *

TAX : 001 KANSAS SALES TAX

LN#	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/PER	EXTENSION
1	8		EA	RM44816	PORTLAND CEMENT 92.6#		8	10.95 /EA	87.60 *

** AMOUNT CHARGED TO STORE ACCOUNT **

96.18	TAXABLE	87.60
	NON-TAXABLE	0.00
	SUBTOTAL	87.60

(DAVID)

TAX AMOUNT	8.58
TOTAL AMOUNT	96.18

David F. Amos
 Received By

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	JBD	State, County	Chautauqua, Kansas	Cement Type	CLASS A
Job Type	Long String	Section	36	Excess (%)	30
Customer Acct #		TWP	33	Density	13.8
Well No.	Thompson 36-12	RGE	10	Water Required	
Mailing Address		Formation		Yield	1.77
City & State		Hole Size	6 3/4	Slurry Weight	
Zip Code		Hole Depth	1400	Slurry Volume	
Contact		Casing Size	4 1/2 INCH, J-55 (10.5 LBS)	Displacement	21.7
Email		Casing Depth	1371	Displacement PSI	700
Cell		Drill Pipe		MIX PSI	500
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	\$1,030.00	\$ 1,030.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$350.00	\$ 350.00
5406	EQUIPMENT MILEAGE (ONE-WAY)	48	PER MILE	\$4.00	\$ 192.00
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	1,371	PER FOOT	0.22	\$ 301.62

EQUIPMENT TOTAL \$ 1,873.62

Cement, Chemicals and Water					
1126A	THICK SET CEMENT (8LB OWC 4% GEL 2% CAL. CHLORIDE)	150	0	\$19.20	\$ 2,880.00
1110A	KOL SEAL (50 # SK)	700	0	\$0.46	\$ 322.00
1107A	PHENOSEAL	80	0	\$1.29	\$ 103.20
1123	CITY WATER (PER 1000 GAL)	5	0	\$16.50	\$ 82.50
1118B	PREMIUM GEL/BENTONITE (50#)	150.0	0	\$0.21	\$ 31.50
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -

CHEMICAL TOTAL \$ 3,419.20

Water Transport					
5501C	WATER TRANSPORT (CEMENT)	4	WATER TRANSPORT (CEME	\$112.00	\$ 448.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -

TRANSPORT TOTAL \$ 448.00

Cement Floating Equipment (TAXABLE)					
Cement Basket					
0			0	\$0.00	\$ -
Centralizer					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Float Shoe					
0			0	\$0.00	\$ -
Float Collars					
0			0	\$0.00	\$ -
Guide Shoes					
0			0	\$0.00	\$ -
Baffle and Flapper Plates					
0			0	\$0.00	\$ -
Packer Shoes					
0			0	\$0.00	\$ -
DV Tools					
0			0	\$0.00	\$ -
Ball Valves, Swedges, Clamps, Misc.					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Plugs and Ball Sealers					
4404	4' 1/2" RUBBER PLUG	1	PER UNIT	\$45.00	\$ 45.00
Downhole Tools					
0			0	\$0.00	\$ -

CEMENT FLOATING EQUIPMENT TOTAL \$ 45.00

TRUCK#	DRIVER NAME				
656	John Wade				
419	Anthony		8.30%	SUB TOTAL	\$ 5,785.82
579	Matt M.			SALES TAX	\$ 284.91
				TOTAL	\$ 6,070.73
			15%	(-DISCOUNT)	\$ 910.61
				DISCOUNTED TOTAL	\$ 5,160.12

AUTHORIZATION _____
DATE _____

TITLE _____
FOREMAN *John Wade*

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	JBD	State, County	Chautauqua , Kansas	Cement Type	CLASS A
Customer Acct #	Long String	Section	36	Excess (%)	30
Well No.	0	TWP	33	Density	13.8
Mailing Address	Thompson 36-12	RGE	10	Water Required	0
City & State	0	Formation	0	Yeild	1.77
Zip Code	0	Hole Size	6 3/4	Slurry Weight	0
Contact	0	Hole Depth	1400	Slurry Volume	0
Email	0	Casing Size	4 1/2INCH, J-55 (10.5 LBS)	Displacement	21.7
Cell	0	Casing Depth	1371	Displacement PSI	700
Office	0	Drill Pipe	0	MIX PSI	500
Dispatch Location	BARTLESVILLE	Tubing	0	Rate	4.5
REMARKS					

Pumped 5bbl water ahead of 150# gel sweep to establish cir. Ran 150 sacks thick set cement. Shut down and washed pump and line and dropped plug. Displaced 21.7 bbl to land plug at 1200psi. Plug held. Washed pump truck. Cement to surface. Thank You.

SAFTY MEETING

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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

December 19, 2012

P J Buck
Jones & Buck Development, LLC
PO BOX 68
SEDAN, KS 67361-0068

Re: ACO1
API 15-019-27261-00-00
Thompson JBD 36-12
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