

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 33453
 Name: STEPHEN C. JONES
 Address: 12 NORTH ARMSTRONG
BIXBY, OKLAHOMA 74008
 City/State/Zip:
 Purchaser: _____
 Operator Contact Person: STEVE JONES
 Phone: (918) 366-3710
 Contractor: Name: KAN DRILL
 License: 32548
 Wellsite Geologist: GEORGE PETERSON
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, 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./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
8-12-05 8-16-05 8-25-05
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 031-22108-0000
 County: COFFEY
SE SE NE Sec. 26 Twp. 21 S. R. 13 East West
2310 feet from S / (N) (circle one) Line of Section
330 feet from (E) / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) (NE) SE NW SW
 Lease Name: JAMISON Well #: 1A
 Field Name: WILDCAT
 Producing Formation: BURGESS SAND
 Elevation: Ground: 1150 Kelly Bushing: 1152
 Total Depth: 1882 Plug Back Total Depth: 1877
 Amount of Surface Pipe Set and Cemented at 40 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 1877
 feet depth to SURFACE w/ 230 sx cmt.
ALT II W/HR 10-18-06

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: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No. _____
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INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Stephen C. Jones
 Title: PRESIDENT Date: 12-20-05
 Subscribed and sworn to before me this 20 day of December
05
 Notary Public: [Signature]
 Date Commission Expires: 2/09/06
02000114

KCC Office Use ONLY

NO Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

✓

X

ORIGINAL

Operator Name: STEPHEN C. JONES Lease Name: JAMISON Well #: 1A
 Sec. 26 Twp. 21 S. R. 13 East West County: COFFEY

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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name <u>MISSISSIPPIAN</u> Top <u>1774</u> Datum <u>POROSITY</u>
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CASING RECORD <input checked="" 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
SURFACE	12.5"	8 5/8"	23	40 FT.	REGULAR	30	60lb. Calz
PRODUCTION	6 3/4"	4 1/2"	11.60	1877	THICKSET	230	18 sks koi-seal

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				

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Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
FOUR	1780-1786	250 gal. 15 percent HCL ACID	1780-86
		250 gal. 15 percent HF ACID	
		SURFACE TENSION REDUCER 2 gal.	
		NON-EMULSION AGENT 4 gal.	
		IRON CONTROL AGENT 8 gal.	

TUBING RECORD	Size <u>2 3/8</u>	Set At <u>1802</u>	Packer At _____
			Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumerd Production, SWD or Enhr.	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
SHUT IN					

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____

15-031-22108-00-00

VALIDATED OIL WELL SERVICES, INC.
 W. 14TH STREET, CHANUTE, KS 66720
 40-431-9210 OR 800-467-8676

TICKET NUMBER 5221

LOCATION Eureka

FOREMAN Troy Strickler

ORIGINAL

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
8-12-05	1041	Jamison #1				Coffey	
CUSTOMER Stephen C. Jones			Kan-drill	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 12 North Armstrong				463	Alan		
CITY Bixby				439	Justin		
STATE OK							
ZIP CODE 74008							

JOB TYPE Surface HOLE SIZE _____ HOLE DEPTH 44' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 40' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15^{wt} SLURRY VOL 6.5 Bbl WATER gal/sk 5.2° CEMENT LEFT in CASING 10'
 DISPLACEMENT 2 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 5/8 casing. Break Circulation w/ 5 Bbl Fresh water. Mixed 30 sks Regular Cement w/ 2% Cacl₂. Displace w/ 2 Bbl Fresh water. shut casing in. Good Cement Returns to Surface. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	590.00	590.00
5406	40	MILEAGE	2.50	100.00
1104	30sks	Regular Class "A" Cement	9.75	292.50
1102	60#	Cacl ₂	.61	36.60
5407A	1.41 Tons	Ton Mileage	m/c	125.00
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Thank You!				
			Sub Total	1144.10
			SALES TAX	17.44
			ESTIMATED TOTAL	1161.54

AUTHORIZATION _____

TITLE _____

100001

DATE _____

198991

15-031-22108-00-00

CONSOLIDATED OIL WELL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

ORIGINAL

TICKET NUMBER 5249
 LOCATION Europe
 FOREMAN Brad Butler

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-18-05	1041	Jamison 1-A				Coffey
CUSTOMER Armour Management			Kan-Drill			
MAILING ADDRESS 12 North Armstrongs			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Bixby			446	Scott		
STATE OK			439	Justin		
ZIP CODE 74008			436	Alan		

JOB TYPE Longstring HOLE SIZE 6 3/4" HOLE DEPTH 1882' CASING SIZE & WEIGHT 4 1/2" - 11.6
 CASING DEPTH 1877' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.5-13.2 SLURRY VOL 68 Bbls. WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 29 Bbls DISPLACEMENT PSI 800 ~~PSI 1200~~ Loaded Plug RATE 4 BPM

REMARKS: Safety Meeting: Rig up to 4 1/2" casing, Break circulation with 15 Bbl. fresh water.
Mixed 230 SKS Thick Set cement / 4" P/SK of K01-SEAL at 12.5-13.2 lb P/LH.
Shut down - wash out pumps & lines - Release Plug - Displace Plug with 29 Bbls. water.
Final Pumping at 800 PSI - Bumped Plug to 1200 PSI - wait 2 minutes - Release Pressure
Float Held - Good cement returns to surface with 12 Bbl. slurry
Job complete - Tear down

"Thank you"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE	765.00	765.00	
5406	40	MILEAGE	2.50	100.00	
1126A	230 SKS.	Thick Set cement	13.00	2990.00	
1110A	18 SKS.	K01-SEAL 4" P/SK	16.90	304.20	
5407A	12.65 TON	40 miles - Bulk Truck	1.92	465.52	
5502C	4	80 Bbl. VAC Truck	82.00	328.00	
1123	3100 GAL	City water	12.20	37.82	
4156	1	4 1/2" Float Shoe - Flapper Type	123.00	123.00	
4129	4	4 1/2" Centralizers	28.00	112.00	
4103	2	4 1/2" Cement Baskets	129.00	258.00	
4404	1	4 1/2" Top Rubber Plug	38.00	38.00	
Paid with 5% Discount / Ticket #5221 - Super check # 5063 / Ticket #5249 - Longstring Amount \$ 6543.43			5.32%	SALES TAX	
				ESTIMATED TOTAL	204.79
				TOTAL	5726.28

AUTHORIZATION _____

TITLE _____

DATE _____

199125

mmms