

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 32073
Name: thompson oil company
Address: 402 south Ohio street
City/State/Zip: Iola Kansas 66749
Purchaser: Coffeyville Resources
Operator Contact Person: Jerome Thompson
Phone: (620) 365-5256
Contractor: Name: McPhearson drilling
License: 5495
Wellsite Geologist: n/a

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. _____

<u>oct 11,2005</u>	<u>oct 27,2005</u>	<u>oct 27,2005</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 001-29258-0000
County: Allen
se sw nw Sec. 15 Twp. 24 S. R. 18 East West
3190 feet from S / N (circle one) Line of Section
4400 feet from E / W (circle one) Line of Section

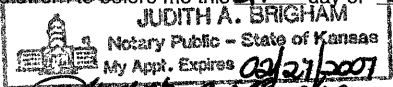
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Monfort Well #: 3-i
Field Name: Iola
Producing Formation: Bartlesville
Elevation: Ground: _____ Kelly Bushing: _____
Total Depth: 890 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 21 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 825
feet depth to surface w/ 115 sx cmt.

Drilling Fluid Management Plan *Att # KJR 5/18/07*
(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 No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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: Jerome A Thompson
Title: owner Date: 2-21-2006
Subscribed and sworn to before me this 21st day of February
20 06
Notary Public: Judith A. Brigham
Date Commission Expires: February 27, 2007



KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

✓

Operator Name: thompson oil company Lease Name: Monfort Well #: 3-i
 Sec. 15 Twp. 24 S. R. 18 East West County: Allen

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 Yes No

(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

(Submit Copy)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample

Name Top Datum

CASING RECORD New 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	11	8.75	22	21	portland	6	
long string	6.75	4.5	9.5	825	portland	115	4%gel 1%calc

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				

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

TUBING RECORD	Size	Set At	Packer At	Liner Run
				<input type="checkbox"/> Yes <input 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)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	.75	0	2		20

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify)

Production Interval _____

RECEIVED

FEB 24 2006

CONSOLIDATED OIL WELL SERVICES, INC.
 P.O. BOX 884, CHANUTE, KS 66720
 320-431-9210 OR 800-467-8676

KCC WICHITA

TICKET NUMBER 07616
 LOCATION Eureka
 FOREMAN Troy Strickler

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-14-05	8161	Manfort 3-I				Allen
CUSTOMER Thompson Oil Company						
MAILING ADDRESS 402 S. Ohio						
CITY Tola		STATE Ks.	ZIP CODE 66749			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			463	Alan		
			441	Calin		
			452/763	Jim		

JOB TYPE Longstring HOLE SIZE 6 3/4 HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 825' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14" SLURRY VOL 29 Bbl WATER gals/sk 6.7 CEMENT LEFT IN CASING 0'
 DISPLACEMENT 13.4 Bbl DISPLACEMENT PSI 700 PSI Bump Plug 1200 RATE _____

REMARKS: Safety Meeting; Rig up to 4 1/2 Casing. Break Circulation w/ 20 Bbl Fresh Water. Pump 4 sks Gel Flush, 5 Bbl Dye water. Mixed 115 sks 60/40 Poz-mix Cement w/ 4% Gel, 1% Caclz @ 14" Annul, Yield 1.40. Wash out Pump + lines. Shut down. Release Plug. Displace w/ 13.4 Bbl Fresh Water. Final Pump Pressure 700 PSI. Bump Plug 1200 PSI. Wait 2 mins. Release Pressure. Float Held. Good Cement Returns to surface. 5 Bbl Slurry to Pit. Job Complete Rig 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	3.00	120.00
1131	115 sks	60/40 Poz-mix	8.00	920.00
1118 A	8 sks	Gel 4%	6.63	53.04
1102	100 #	Caclz 1%	.61	61.00
1118 A	4 sks	Gel Flush	6.63	26.52
5407	4.95 tons	Ton-Mileage Bulk Truck	m/c	260.00
4404	1	4 1/2 Top Rubber Plug	38.00	38.00
5501 C	3 hrs	Transport	93.00 P/hr	279.00
1123	3000 gal	City Water	12.20 P/gal	36.60
			Sub Total	2559.16
			6.3% SALES TAX	71.52
			ESTIMATED TOTAL	2630.68

200302

AUTHORIZATION Witnessed by Jerome Thompson TITLE Owner

DATE _____