

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

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 7,2005</u>	<u>oct 26,2005</u>	<u>oct 26,2005</u>
Spud Date or	Date Reached TD	Completion Date or
Recompletion Date		Recompletion Date

API No. 15 - 001-29257-0000
County: Allen

W2 - se sw nw Sec. 15 Twp. 24 S. R. 18 East West
2970 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 #: 2-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 824
feet depth to surface w/ 115 sx cmt.

Drilling Fluid Management Plan ALT #2 KJR 5/15/07
(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
JUDITH A. BRIGHAM
Notary Public - State of Kansas
My Appt. Expires 2/27/2007

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

RECEIVED
FEB 24 2006
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✓

Operator Name: thompson oil company Lease Name: Monfort Well #: 2-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)

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

List All E. Logs Run:

CASING RECORD <input type="checkbox"/> New <input checked="" 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	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
___ 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 (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.	Gravity
	1	0	0	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** _____

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CONSOLIDATED OIL WELL SERVICES, INC.
 P.O. BOX 884, CHANUTE, KS 66720
 20-431-9210 OR 800-467-8676

TICKET NUMBER 07699
 LOCATION Eureka
 FOREMAN Brad Butler

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
10-12-05	81161	Manfort # 2-I 2-I				Allen	
CUSTOMER Thompson Oil Company		Bill McPherson Dir.		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 402 S. Ohio				446	Scott		
CITY Tola		STATE Ks.	ZIP CODE 66749	440	Calin		
				434	Jim		

JOB TYPE Logging HOLE SIZE 6 3/4" HOLE DEPTH 830' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 824' DRILL PIPE _____ TUBING _____ OTHER _____
 CARRY WEIGHT 14" SLURRY VOL. 29 Bbl. WATER gal/sk 6.7 CEMENT LEFT in CASING 0'
 DISPLACEMENT 13 1/4 Bbl. DISPLACEMENT PSI 450 PSI 900 Bump Plug RATE 4BPM-2BPM

REMARKS: Safety Meeting: Rig up to 4 1/2" casing, Break circulation with 25 Bbl. Fresh water,
Pumped 10 Bbl. Gel Flush Followed with 15 Bbl. water Spacer, 5 Bbl. Dyewater,
Mixed 115 SKs. 60/40 Pozmix cement w/ 4% Gel, 1% CACL₂ at 14" P/4" (yield 1.40)
Shut down - wash out pump lines - Release Plug - Displace Plug with 13 1/4 Bbls water,
Final pumping at 450 PSI - Bumped Plug to 900 PSI - wait 2 minutes - Release Pressure
Float Did NOT Hold - Pressure upon Plug to 750 PSI - close casing in with 750 PSI
Good cement returns to surface with 7 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	3.00	120.00
1131	115 SKs.	60/40 Pozmix cement	8.00	920.00
1118A	8 SKs.	Gel 4%	6.63	53.04
1102	100 lbs.	CACL ₂ 1%	.61 lb.	61.00
5407	Ton	Mileage - Bulk Truck	m/c	260.00
1118A	4 SKs.	Gel - Flush Ahead	6.63	26.52
5502c	3 Hrs.	80 Bbl. VAC Truck	87.00	261.00
1123	3000 GAL	City water	12.20	36.60
4404	1	4 1/2" Top Rubber Plug	38.00	38.00
			6.3%	SALES TAX
				ESTIMATED TOTAL

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200198

AUTHORIZATION Called by Bill McPherson TITLE McPherson Dir. DATE _____