

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

ORIGINAL

Operator: License # 31302  
Name: Jones & Buck Development  
Address: P.O. Box 68  
City/State/Zip: Sedan, KS 67361  
Purchaser: Cooperative Refining  
Operator Contact Person: P.J. Buck  
Phone: (316) 725-3636  
Contractor: Name: MOKAT Drilling  
License: 5831  
Wellsite Geologist: Thomas H. Oast  
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. \_\_\_\_\_  
7-09-00 7-10-00 7-19-00  
Spud Date or Date Reached TD Completion Date of  
Recompletion Date Recompletion Date

API No. 15 - 019-26,523-0000  
County: Chautauqua  
W/2 NE Sec. 5 Twp. 34 S. R. 12  East  West  
3894 feet from (S) / N (circle one) Line of Section  
2046 feet from (E) / W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE (SE) NW SW  
Lease Name: Alford Well #: JBD 3  
Field Name: Sedan/Peru  
Producing Formation: Wayside  
Elevation: Ground: 830 Kelly Bushing: 835  
Total Depth: 1050 Plug Back Total Depth: \_\_\_\_\_  
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 1028  
feet depth to Surface w/ 140 sx cmf.

Drilling Fluid Management Plan ALT #2 RR 7/05/07  
(Data must be collected from the Reserve Pit)  
Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls  
Deaerating 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.: \_\_\_\_\_

AUG 16 2000

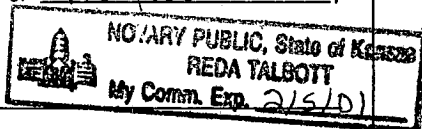
RECEIVED  
KANSAS CORPORATION COMMISSION  
STATE OF KANSAS  
Wichita, Kansas

CONSERVATION DIVISION  
Wichita, Kansas

**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: [Signature]  
Title: Partner Date: 8-11-00  
Subscribed and sworn to before me this 11<sup>th</sup> day of August,  
2000  
Notary Public: Reda Talbott  
Date Commission Expires: 2/5/2001



**KCC Office Use ONLY**

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

Operator Name: Jones & Buck Development Lease Name: Alford Well #: JBD 3  
 Sec. 5 Twp. 34 S. R. 12  East  West County: Chautauqua

**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 a 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: <u>CBL</u> <u>Gamma Ray/Neutron</u>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Drum Lime</td> <td>744</td> <td>+86</td> </tr> <tr> <td>Redd Sand</td> <td>758</td> <td>+72</td> </tr> <tr> <td>Lenapah lime</td> <td>956</td> <td>-126</td> </tr> <tr> <td>Wayside Sand</td> <td>969</td> <td>-139</td> </tr> </tbody> </table>	Name	Top	Datum	Drum Lime	744	+86	Redd Sand	758	+72	Lenapah lime	956	-126	Wayside Sand	969	-139
Name	Top	Datum														
Drum Lime	744	+86														
Redd Sand	758	+72														
Lenapah lime	956	-126														
Wayside Sand	969	-139														

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	# Sacs Used	Type and Percent Additives
Surface	10"	8 5/8		40'	Portland		
Production	6 3/4	4 1/2	9.5	1028	50/50	140	

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
2	970 - 992	1.450 galls 15% HCL	970-992
		2.12000 lbs 12/20 sand frac with 300 bbls water	

TUBING RECORD	Size 2 3/8	Set At 950	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. <u>07-20-00</u>	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. 3	Gas Mcf trace	Water Bbls. 50	Gas-Oil Ratio	Gravity 38
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Disposition of Gas <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____
Production Interval	

ACKARMAN HARDWARE and LUMBER CO  
 160 EAST MAIN STREET  
 SEDAN, KS 67361

PHONE: (316) 725-3103

THANKS FOR YOUR BUSINESS!!

CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCE	TERMS	CLERK	DATE	TIME
253636				NET 10TH	SC	7/12/00	8:06

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JONES & BUCK DEVELOPMENT  
 P. O. BOX 60  
  
 SEDAN KS 67361

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*Alford Lease*

DOCH 27595  
 \*\*\*\*\*  
 \* INVOICE \*  
 \*\*\*\*\*

TAX : 001 KANSAS SALES TAX

SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/PER	EXTENSION
12		EA	RM44016	PORTLAND CEMENT 94H <i>ALFORD LEASE</i>		12	7.10 /EA	85.20

\*\* AMOUNT CHARGED TO STORE ACCOUNT \*\*      90.65

TAXABLE	85.20
NON-TAXABLE	0.00
SUBTOTAL	85.20
TAX AMOUNT	5.45
TOTAL AMOUNT	90.65

X *McH*  
 RECEIVED BY



# CONSOLIDATED INDUSTRIAL SERVICES

.....  
A N INFINITY COMPANY

211 W. 14th, P.O. Box 884 Chanute, KS 66720 • 316/431-9210 • 1-800/467-8676

INVOICE DATE	INVOICE NO.
07/14/00	00168236

S  
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D

4291  
J. B. D. & P. J. BUCK  
P.O. BOX 68  
SEDAN KS 67361

REMIT TO: CONSOLIDATED IND. SERVICES  
P.O. BOX 26147  
SHAWNEE MISSION, KS 66225

TERMS: Net 30 Days  
A Finance Charge computed at 1% per month (annual percentage rate of 12%) will be added to balances over 30 days.

PLEASE REFER TO THIS ACCOUNT NUMBER WHEN MAKING INQUIRIES

ACCOUNT NO.	P.O. NO.	LOCATION	LEASE AND WELL NO.	DATE OF JOB	JOB TICKET NO.		
4291	0129	40	JBD ALFORD 1-3	07/11/2000	15330		
ITEM NUMBER			DESCRIPTION	UNITS	UNIT PRICE	UNIT MEAS	EXTENDED PRICE
5401			CEMENT PUMPER	1.0000	475.0000	EA	475.00
5402			CASING FOOTAGE	1028.0000	1200	EA	123.36
1118			PREMIUM GEL	5.0000	10.5000	SK	52.50
1107			FLO-SEAL (25#)	1.0000	33.5500	SK	33.55
1105			COTTONSEED HULLS	1.0000	11.5000	SK	11.50
4404			4 1/2" RUBBER PLUG	1.0000	26.0000	EA	26.00
4151			FUEL SURCHARGE	120.0000	1000	EA	12.00
5502			80 BBL VACUUM TRUCK	3.0000	60.0000	HR	180.00
1124			50/50 POZ CEMENT MIX	140.0000	7.2500	SK	1015.00
5407			BULK CEMENT DELIVERY/MIN BULK DEL	1.0000	150.0000	EA	150.00

ORIGINAL

GROSS INVOICE	TAX
2078.91	62.62

ORIGINAL INVOICE

PLEASE PAY
2141.53



**CONSOLIDATED**

INDUSTRIAL SERVICES

AN INFINITY COMPANY

211 W. 14TH STREET, CHANUTE, KS 66720  
316-431-9210 OR 800-467-8676

**ORIGINAL**

TICKET NUMBER 15330

LOCATION Bartlesville

**FIELD TICKET**

DATE 7-11-00	CUSTOMER ACCT # 4291	WELL NAME D810 A/Gord #2	QTR/QTR	SECTION	TWP	RGE	COUNTY CO.	FORMATION
CHARGE TO JRD				OWNER				
MAILING ADDRESS P.O. Box 68				OPERATOR				
CITY & STATE Sedan, KS. 67361				CONTRACTOR				

ACCOUNT CODE	QUANTITY OF UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5401	1	PUMP CHARGE <del>200</del> Production casing		475.00
5402	1028'	Footage		<del>1028.00</del>
		HYDRAULIC HORSE POWER		123.36
1118	55ks.	gel		52.50
1105	1 sk.	6/6		11.50
1107	1 sk.	hulls		33.55
4404	1	4 1/2 plug		26.00
4151	120 miles	3 x 40 miles fuel surcharge		12.00
		STAND BY TIME		
		MILEAGE		
		WATER TRANSPORTS		
5502	3 hrs.	VACUUM TRUCKS		180.00
		FRAC SAND		
1124	140ks.	CEMENT 50/50		1015.00
		NITROGEN	TAX	62.62
5407	1	TON-MILES		150.00
ESTIMATED TOTAL				<del>2100.00</del> 2141.50

CUSTOMER or AGENTS SIGNATURE

CIS FOREMAN Harold Neal

CUSTOMER or AGENT (PLEASE PRINT)

DATE 7-11-00

168236

ORIGINAL

CONSOLIDATED INDUSTRIAL SERVICES, INC.  
 211 W. 14TH STREET, CHANUTE, KS 66720  
 316-431-9210 OR 800-467-8676

TICKET NUMBER 14660  
 LOCATION Biville  
 FOREMAN Harold Reed

TREATMENT REPORT

DATE	CUSTOMER ACCT #	WELL NAME	QTR/OTR	SECTION	TWP	RGE	COUNTY	FORMATION
7-11-00	4291	JBD Biville #2					CO.	
CHARGE TO JBD				OWNER				
MAILING ADDRESS				OPERATOR				
CITY				CONTRACTOR				
STATE			ZIP CODE		DISTANCE TO LOCATION			
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				

WELL DATA	
HOLE SIZE	6 7/8
TOTAL DEPTH	
CASING SIZE	4 1/2
CASING DEPTH	1029
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA	

TYPE OF TREATMENT	
<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input checked="" type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS		
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB

JOB SUMMARY

DESCRIPTION OF JOB EVENTS Got circulation ran 2 gal then 140 lbs. 50/50 29 1/4 dropped plug displaced to 1029. Shut in

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	PSI
FINAL DISPLACEMENT	PSI
ANNULUS	PSI
MAXIMUM	PSI
MINIMUM	PSI
AVERAGE	PSI
ISIP	PSI
5 MIN SIP	PSI
15 MIN SIP	PSI

TREATMENT RATE	
BREAKDOWN BPM	
INITIAL BPM	
FINAL BPM	
MINIMUM BPM	
MAXIMUM BPM	
AVERAGE BPM	
HYD MHP = RATE X PRESSURE X 40.8	

AUTHORIZATION TO PROCEED

TITLE

DATE

ALL THE TERMS AND CONDITIONS STATED ON THE REVERSE SIDE ARE INCORPORATED AS PART OF THIS SALE.