

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 6433
Name: Paul Jordan Buck
Address: P.O. Box 68
City/State/Zip: Sedan, KS 67361
Purchaser: Coffeyville Resources
Operator Contact Person: P.J. Buck
Phone: (620) 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. _____

10-20-06	10-24-06	10-30-06
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 019-26,763-0000
County: Chautauqua
W/2 NW NW NW Sec. 34 Twp. 34 S. R. 10 East West
4950 feet from (S) / N (circle one) Line of Section
5115 feet from (E) / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Buck Well #: 16
Field Name: Elgin Oil & Gas

Producing Formation: Wayside Sandstone
Elevation: Ground: 1025' Est. Kelly Bushing: _____
Total Depth: 1520' Plug Back Total Depth: 1518'
Amount of Surface Pipe Set and Cemented at 41 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 1518
feet depth to surface w/ 190 sx cmt.

Drilling Fluid Management Plan AH-1 NH 6-17-08
(Data must be collected from the Reserve Pit)
Chloride content N/A ppm Fluid volume 300 bbls
Dewatering method used Vacuum Truck
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: [Signature]
Title: Geologist Date: 12-7-06
Subscribed and sworn to before me this 7th day of December,
20 06.
Notary Public: [Signature]
Date Commission Expires: 4-8-2010

NOTARY PUBLIC, State of Kansas
TIM DOTY
My Appt. Exp. 4-8-2010

KCC Office Use ONLY

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

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Operator Name: Paul Jordan Buck Lease Name: Buck Well #: 16
 Sec. 34 Twp. 34 S. R. 10 East West County: Chautauqua

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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 checked="" type="checkbox"/> Yes <input 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: Gamma-Ray/Neutron/Cement Bond Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Iola Limestone</td> <td>1077</td> <td>-52</td> </tr> <tr> <td>Layton Sandstone</td> <td>1080</td> <td>-55</td> </tr> <tr> <td>Drum Limestone</td> <td>1233</td> <td>-208</td> </tr> <tr> <td>Lenapah Limestone</td> <td>1444</td> <td>-419</td> </tr> <tr> <td>Wayside Sandstone</td> <td>1452</td> <td>-427</td> </tr> <tr> <td>Altamont Limestone</td> <td>1507</td> <td>-482</td> </tr> </table>	Name	Top	Datum	Iola Limestone	1077	-52	Layton Sandstone	1080	-55	Drum Limestone	1233	-208	Lenapah Limestone	1444	-419	Wayside Sandstone	1452	-427	Altamont Limestone	1507	-482
Name	Top	Datum																				
Iola Limestone	1077	-52																				
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Wayside Sandstone	1452	-427																				
Altamont Limestone	1507	-482																				

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	11 7/8"	8 5/8"	N/A	41'	Portland Type 1	8 sacks	None
Production	6 3/4"	4 1/2"	N/A	1518'	60/40 Poz.	190 sacks	Phenoseal, Gel

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 <i>(Amount and Kind of Material Used)</i>	
			Depth
2	1454'-1464'	400 Gallons 15% HCL, 3,000 #'s 20/40 Sand,	1454'-1464'
		12,000 #'s 12/20 Sand, 360 Barrels Saltwater	

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2 3/8	1450'			
Date of First, Resumerd Production, SWD or Enhr.			Producing Method			
11-2-06			<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	
	2	trace	60			

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" 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) _____	_____

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Air Drilling
Specialist
Oil and Gas Wells



M.O.K.A.T. DRILLING
Office Phone: (620) 879-5377



P.O. Box 590
Caney, KS 67333

Operator **P.J. BUCK** Well No. **16** Lease **BUCK** Loc. **1/4 1/4 1/4** Sec. **34** Twp. **34** Rge. **10**

County **CHAUTAUQUA** State **KS** Type/Well Depth **1520'** Hours Date Started **10/20/06** Date Completed **10/24/06**

Job No.	Casing Used 41' 8 5/8"	Bit Record					Coring Record					
		Bit No.	Type	size	From	To	Bit No.	type	Size	From	To	% Rec.
Driller TOOTIE	Cement Used 8			6 3/4"								
Driller	Rig No. 1											
Driller	Hammer No.											

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Formation Record

From	To	Formation	From	To	Formation	From	To	Formation	From	To	Formation
0	41	SURFACE	1190	1275	SANDY SHALE / SHALE						
41	105	SANDY SHALE	1275	1300	SAND / SANDY SHALE						
105	130	SAND	1300	1435	SANDY SHALE / SHALE						
130	137	SANDY SHALE	1435	1446	LIME						
137	139	LIME	1446	1475	SAND (OIL ODOR)						
139	145	SHALE	1475	1504	SHALE						
145	165	SAND	1504	1518	LIME						
165	195	SANDY SHALE / SAND	1518	1520	SHALE						
195	223	LIME									
223	232	SHALE									
232	235	LIME									
235	245	SANDY SHALE / SHALE			T.D. 1520'						
245	285	SAND									
285	375	SANDY SHALE									
375	397	SAND (WATER)									
397	548	SANDY SHALE / SAND									
548	550	LIME									
550	565	SAND									
565	590	SANDY SHALE									
590	610	SAND									
610	650	SANDY SHALE / SAND									
650	825	SHALE									
825	890	SAND / SANDY SHALE									
890	977	SHALE									
977	985	SAND / LIME									
985	1075	SHALE									
1075	1077	LIME									
1077	1105	SAND (OIL ODOR)									
1095		WATER									
1105	1110	SAND / SANDY SHALE									
1110	1190	SAND									

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CONSOLIDATED OIL WELL SERVICES, INC.
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

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TICKET NUMBER 07498
 LOCATION Bartlesville
 FOREMAN Tracy L. Williams

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 TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-04-06	1531	PJ Buck 16	34	34S	10E	C.O.
CUSTOMER <u>Black Jack</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>Jordan Buck</u>			498	Tim		
CITY			497 T99	Joe		
STATE			412 T101	Roger M		
ZIP CODE			470 T18	Ryan H		

JOB TYPE LS HOLE SIZE 6 3/4 HOLE DEPTH 1520 CASING SIZE & WEIGHT 4 1/2 10.5
 CASING DEPTH 1518 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 24.21 DISPLACEMENT PSI 500 MIX PSI 0 RATE 4.5

REMARKS: Ran 4 sks of gel + broke circulation. Ran 190 sks of 40/60 Pozmix with 5# gilsonite, 5% salt, 2% gel, 4# pheno. Shut down + washed up behind plug. Pumped plug to bottom + set shoe shut in.

Circulated cement to surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Production Casing		800.00
5406	50	MILEAGE		157.50
5408	1518'	Footage		258.06
5407	9.24 Ton	Ton Mileage		485.10
5501C	2 Trucks x 4 hrs	Transport		784.00
1107A	180#	Phenaseal		180.00
1110	950#	Gilsonite		432.00
1111	450#	Granulated Salt		130.50
1118B	500#	Premium Gel		70.00
1123	2000 gal	City Water		89.60
1131	190 sks	40/60 Pozmix		1776.50
4404	1	4 1/2" Rubber Plug		40.00
			6.32%	SALES TAX
				ESTIMATED TOTAL
				167.80
				5316.06

210195

AUTHORIZATION _____ TITLE _____ DATE _____

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

PAGE NO 1

PHONE: (620) 725-3103

THANKS FOR YOUR BUSINESS!!

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Cust No	Job No	Purchase Order	Reference	Terms	Clerk	Date	Time
253636			BUCK 110	NET 10TH	CAM	10/ 4/06	11:27

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

Ship To:

DOC# 133071
 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	9.30 /EA	74.40 *

PJ

** AMOUNT CHARGED TO STORE ACCOUNT ** 80.20 TAXABLE 74.40
 NON-TAXABLE 0.00
 SUBTOTAL 74.40
 (EDDIE WARBRODT)
 TAX AMOUNT 5.80
 TOTAL AMOUNT 80.20

*PJ 26.73
 Total 53.47
 26.73
 80.20*

X _____
 Received By

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