

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

X RECOMM. DRG SUBM. IN LIEU OF VET ACC. REC'D 7/15/09 RETD W/LTR FOR CORR.
Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

OPERATOR: License # 31519
 Name: Lone Jack Oil Company
 Address 1: 509 E Walnut Street
 Address 2: _____
 City: Blue Mound State: KS Zip: 66010 + _____
 Contact Person: Leland Jackson
 Phone: (620) 363-0492
 CONTRACTOR: License # 31519
 Name: Lone Jack Oil Company
 Wellsite Geologist: _____
 Purchaser: _____
 Designate Type of Completion:
 _____ New Well _____ Re-Entry _____ Workover
 _____ Oil _____ SWD _____ SIOW
 _____ Gas _____ ENHR _____ SIGW
 _____ CM (Coal Bed Methane) _____ Temp. Abd.
 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. _____ Conv. to SWD
 _____ Plug Back: _____ Plug Back Total Depth
 _____ Commingled _____ Docket No.: _____
 _____ Dual Completion _____ Docket No.: _____
 _____ Other (SWD or Enhr.?) _____ Docket No.: _____
6/26/09 6/29/09 6/30/09
 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

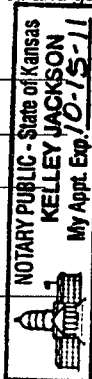
API No. 15 - 011-23400-0000
 Spot Description: _____
SE NWSW Sec. 30 Twp. 23 S. R. 22 East West
1,730 Feet from North / South Line of Section
990 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Bourbon
 Lease Name: Stewart Well #: 1-08
 Field Name: Davis-Bronson
 Producing Formation: Bartlesville
 Elevation: Ground: 972 Kelly Bushing: No
 Total Depth: 658 Plug Back Total Depth: 658
 Amount of Surface Pipe Set and Cemented at: 20 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: _____ Feet
 If Alternate II completion, cement circulated from: _____
 feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan P+A AII II NR
 (Data must be collected from the Reserve Pit) 8-31-09
 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: Leland Jackson
 Title: owner Date: 8/20/09
 Subscribed and sworn to before me this 20 day of August
09
 Notary Public: Kelley Jackson
 Date Commission Expires: October 15, 2011



KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
AUG 25 2009
KCC WICHITA

Operator Name: Lone Jack Oil Company Lease Name: Stewart Well #: 1-08
 Sec. 30 Twp. 23 S. R. 22 East West County: Bourbon

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 type="checkbox"/> Yes <input checked="" 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 Bartlesville Top 644 Datum 645
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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 Pipe	9 7/8	6 5/8	18	20	II	5	None

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, Resumed Production, SWD or Enhr.			Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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RECEIVED
 AUG 25 2009
 KCC WICHITA

2 of 2

Avery Lumber

P.O. BOX 66
MOUND CITY, KS 66056
{913} 795-2210 FAX {913} 795-2194

Customer Copy
INVOICE

PLEASE REFER TO INVOICE NUMBER
ON ALL CORRESPONDENCE

Page: 1	<i>Stewart L-08</i>	Invoice: 20006898
Special :		Time: 08:37:26
Instructions :		Ship Date: 06/26/09
		Invoice Date: 06/26/09
Sale rep #: BBRUNER BROCK	Acct rep code:	Due Date: 06/26/09
Sold To: CASH CUSTOMER - TAXABLE		Ship To: CASH CUSTOMER - TAXABLE
() -		
() -		
Customer #: *9	Customer PO:	Order By:

CASH
T 17

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
6.00	6.00	L	BAG	CPPC	PORTLAND CEMENT	8.6900 BAG	8.6900	52.14
2.00	2.00	P	EA	POWER	POWER AIDE	1.2500 EA	1.2500	2.50

RECEIVED
AUG 27 2009
KCC WICHITA

Check # 2793	58.08	FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$54.64
		SHIP VIA Customer Pickup					
		RECEIVED COMPLETE AND IN GOOD CONDITION				Taxable	54.64
Total applied:	58.08	X				Non-taxable	0.00
					Tax #	Sales tax	3.44

TOTAL \$58.08

2 - Customer Copy