

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

RECEIVED
KANSAS CORPORATION COMMISSION

NOV 30 2007

Form ACO-1
September 1999
Form Must Be Typed

CONSERVATION DIVISION
WICHITA, KS

Operator: License # 32073
Name: Thompson oil company
Address: 402 south ohio street
City/State/Zip: Iola Kansas 66749
Purchaser: Coffeyville Resources
Operator Contact Person: Jerry Thompson
Phone: (620) 365-5256
Contractor: Name: McPherson drilling
License: 5495
Wellsite Geologist: n/a
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW 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. _____
06/08/2007 08/15/2007 11/08/2007
Spud Date or 06/08/2007 Date Reached TD 08/15/2007 Completion Date or
Recompletion Date 11/08/2007 Completion Date or
Recompletion Date

API No. 15 - 001-29571-0000
County: Allen
sw ne nw - Sec. 15 Twp. 24 S. R. 18 East West
4145 feet from (S) / N (circle one) Line of Section
3565 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 #: 15
Field Name: Iola
Producing Formation: Bartlesville
Elevation: Ground: _____ Kelly Bushing: _____
Total Depth: 893 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 20ft Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 828
feet depth to surface w/ 125 sx cmt.

Drilling Fluid Management Plan Air II NCR 1-15-09
(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: Jerry A Thompson
Title: owner Date: 11/24/2007
Subscribed and sworn to before me this 26th day of November,
2007.
Notary Public: Kay F. Maple
Date Commission Expires: 6-17-08

NOTARY PUBLIC - State of Kansas
KAY F. MAPLE
My Appt. Exp. 6-17-08

KCC Office Use ONLY
N 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 #: 15
 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 <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 type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum <div style="text-align: center;"> RECEIVED KANSAS CORPORATION COMMISSION NOV 30 2007 CONSERVATION DIVISION WICHITA, KS </div>
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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	11	8.5	21	20ft	type 2	6	
longstring	6.75	4.5	9.5-10.5	828	60/40	125	2% 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

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

Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION <input checked="" 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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FED ID#
 MC ID # 156212
 Shop # 620 437-2661
 Cellular # 620 437-7582
 Office # 316 685-5908
 Office Fax # 316-685-5926
 Shop Address: 3613A Y Road
 Madison, KS 66860

Hurricane Truck Services, Inc.
P.O. Box 782228
Wichita, KS 67278-2228

Cement and Acid ?? SAND
Service Ticket
T 1995

DATE 8-15-07

COUNTY Allen CITY _____

CHARGE TO Thompson Oil Company
 ADDRESS 402 S. Ohio Street CITY Topeka ST Ks. ZIP 66749
 LEASE & WELL NO. Manufact # 15 CONTRACTOR Bill M. Pherson
 KIND OF JOB Longstring SEC. _____ TWP. _____ RNG. _____
 DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	700.00
125 sks	60/40 Pozmix cement		993.75
200 lbs	Gel 22		36.00
25 lbs	Floccle		43.75
RECEIVED KANSAS CORPORATION COMMISSION			
100 lbs	Gel Flush		18.00
BULK CHARGE		NOV 30 2007	
5.38 Teas	BULK TRK. MILES <u>0.50 miles</u>	CONSERVATION DIVISION WICHITA, KS	255.55
50	PUMP TRK. MILES		137.50
4	<u>Water Transport</u>		360.00
1	PLUGS <u>4 1/2" Top Rubber</u>		35.00
		6.3% SALES TAX	70.97
		TOTAL	2650.52

T.D. 835' CSG. SET AT 828' VOLUME 13.2 Bbls
 SIZE HOLE 6 3/4" TBG SET AT _____ VOLUME _____
 MAX. PRESS. _____ SIZE PIPE 4 1/2" - 9 1/2" - 10 1/2"
 PLUG DEPTH _____ PKER DEPTH _____
 PLUG USED 4 1/2" Top Rubber TIME FINISHED _____

REMARKS: Rig up to 4 1/2" casing, Break circulation w/ 5 Bbls water, 10 Bbl. Gel Flush, followed with 10 Bbls water, 5 Bbl. Dye water. Mixed 125 sks. 60/40 Pozmix cement w/ 22 Gel, 1/4" Floccle. Shut down - wash out Pump & lines - Release Plug - Displace Plug with 13 1/4 Bbls water. Final Pumping @ 450 PSI - Bumped Plug to 1000 PSI - wait 2 minutes - Release Pressure - Float Held Good cement returns to surface w/ 8 Bbl slurry "Thank You"

EQUIPMENT USED

NAME Brad Butter UNIT NO. 185 NAME J. Barr #91, Kelly UNIT NO. # 71-30
 CEMENTER OR TREATER _____ WITNESSED BY Jerry (AMERICAN OIL)