

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 # 32073
 Name: Thompson oil company
 Address: 2260 North Dakota Road
 City/State/Zip: Iola Kansas 66749
 Purchaser: Coffeyville Resources
 Operator Contact Person: Jerry Thompson
 Phone: (620) 3631045
 Contractor: Name: McPherson drilling
 License: 5495
 Wellsite Geologist: _____
 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. _____

08/28/2008	08/30/2008	08/30/2008
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 001-29796-0000
 County: Allen
ne sw rw Sec. 15 Twp. 24 S. R. 18 East West
3485 feet from (S) N (circle one) Line of Section
4005 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 #: 17
 Field Name: Iola
 Producing Formation: Bartlesville
 Elevation: Ground: _____ Kelly Bushing: _____
 Total Depth: 900 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 884ft
 feet depth to surface w/ 120 ALZ-Dlg-12/17/08 sx cmt.

Drilling Fluid Management Plan
 (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 Thompson
 Title: owner Date: 10/15/2008
 Subscribed and sworn to before me this 15 day of October
20 08
 Notary Public: Sheryl Harris
 Date Commission Expires: 8/17/09

SHERYL HARRIS
 NOTARY PUBLIC
 STATE OF KANSAS
 MY APPT. EXPIRES 8/17/09

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

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OCT 24 2008

CONSERVATION DIVISION
 WICHITA, KS

Operator Name: Thompson oil company Lease Name: Monfort Well #: 17
 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
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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	841ft	50/50 poz mix	120	

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

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 WICHITA, KS

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 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 Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Duality Comp. Commingled Other (Specify) _____

Production Interval _____



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 225302

Invoice Date: 08/31/2008 Terms:

Page 1

THOMPSON OIL
C/O JERRY THOMPSON
402 S. OHIO
IOLA KS 66749
(620)365-5256

MONFORT 17
15-24-18
19702
08/29/08

Part Number	Description	Qty	Unit Price	Total
1102	CALCIUM CHLORIDE (50#)	213.00	.7500	159.75
1118B	PREMIUM GEL / BENTONITE	413.00	.1700	70.21
1124	50/50 POZ CEMENT MIX	120.00	9.7500	1170.00
	Description	Hours	Unit Price	Total
370	80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00
495	CEMENT PUMP	1.00	925.00	925.00
495	EQUIPMENT MILEAGE (ONE WAY)	50.00	3.65	182.50
495	CASING FOOTAGE	841.00	.00	.00
503	TON MILEAGE DELIVERY	1.00	320.04	320.04

*Pol
CK# 5235
Thank you
Suzanna
A/R*

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OCT 24 2008

CONSERVATION DIVISION
WICHITA, KS

Parts:	1399.96	Freight:	.00	Tax:	88.19	AR	3115.69
Labor:	.00	Misc:	.00	Total:	3115.69		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 19702
LOCATION Ottawa
FOREMAN Alan Mader

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
8-29-08	8161	Monfort # 17	15	24	18	AL	
CUSTOMER <u>Thompson Oil</u>			TRUCK #	DRIVER	TRUCK #	DRIVER	
MAILING ADDRESS <u>402 S Ohio</u>			<u>516</u>	<u>Alan M</u>			
CITY <u>Toda</u>			<u>495</u>	<u>Casey K</u>			
STATE <u>KS</u>			<u>370</u>	<u>Brett B</u>			
ZIP CODE <u>66749</u>			<u>503</u>	<u>Chuck</u>			
JOB TYPE	<u>long string</u>	HOLE SIZE	<u>6 3/4</u>	HOLE DEPTH	<u>848</u>	CASING SIZE & WEIGHT	<u>4 1/2 9 1/2</u>
CASING DEPTH	<u>841</u>	DRILL PIPE		TUBING		OTHER	
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT IN CASING	<u>yes</u>
DISPLACEMENT		DISPLACEMENT PSI		MIX PSI		RATE	<u>5 bpm</u>

REMARKS: Established rate. Mixed & pumped gel to flush hole. Mixed & pumped 7 bbl dye marker followed by 127 sx 50/50 poz, 290 gel, 290 calcium. Circulated dye to surface. Displaced casing with 13 1/2 bbl water. Circulated 5 bbl cement to pit. Closed valve.

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	925.00
5406	50	MILEAGE	495	182.50
5402	841'	casing footage	495	
5407A		ten mileage	503	370.04
5502C	2 hr	80 val	370	200.00
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1102	213 #	calcium chloride		159.75
1183	413 #	gel		70.21
1124	120 sx	50/50 poz		1170.00
CONSERVATION DIVISION WICHITA, KS				
		3115.69	sub	3027.50
		570 cash		
		2959.92		
		6.3%		
		SALES TAX		88.19
		ESTIMATED TOTAL		3115.69

Rev'n 3737

AUTHORIZATION

P ~~8.500~~

Thanks
Jerry was there

TITLE

225302

DATE