

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. _____

08/21/2008	08/26/2008	08/26/2008
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 001-29798-0000
County: Allen
sw se nw Sec. 15 Twp. 24 S. R. 18 East West
3265 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 #: 19


Field Name: Iola
Producing Formation: Bartlesville
Elevation: Ground: _____ Kelly Bushing: _____
Total Depth: 889 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 832ft
feet depth to surface w/ 105 1142-Dlg 12/12/08 ^{sx cmf}

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 A 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: 8/7/09

 SHERYL HARRIS
NOTARY PUBLIC
STATE OF KANSAS
MY APPT. EXPIRES 8/7/09

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

RECEIVED
KANSAS CORPORATION COMMISSION
OCT 24 2008

CONSERVATION DIVISION
WICHITA, KS

Hurricane Services, Inc.
Cementing & Circulating Division
P.O. Box 782228
Wichita, KS 67278-2228

FED ID #
Shop # (620) 437-2661
Cellular # (620) 437-7582
Office # (316) 685-5908
Office Fax # (316) 685-5926

MC ID # 165290

Shop Address: 3613A Y Road
Madison, KS 66860

Customer:
THOMPSON OIL CO.
JEROME A. THOMPSON
2260 N DAKOTA RD
IOLA KS 66749

Invoice Date 8/26/2008
Invoice # 12445
Lease Name MONFORT
Well # 19
County: ALLEN

Date	Description	Hrs/Qty	Rate	Total
8/22/2008	Drove to location, rigged up and tried to cement longstring per attached Service ticket #2706.			
	Gel flush	200.00	0.20	40.00T
	Water truck #193	4.00	80.00	320.00
	Water truck #193 - Standby charge	4.00	45.00	180.00
	Bulk truck trip charge to location - Minimum charge	1.00	200.00	200.00
	Pump charge	1.00	650.00	650.00
	Pump truck mileage - N/C			
8/25/2008	Drove to location, rigged up and cemented longstring per attached Service ticket #2690.			
	Quick set cement	105.00	14.40	1,512.00T
	Flocele 1/4 lb per sack	25.00	1.75	43.75T
	Gel flush	200.00	0.20	40.00T
	Water truck #193	4.00	80.00	320.00
	Bulk truck mileage	1.00	322.85	322.85
	Pump charge	1.00	700.00	700.00
	Pump truck mileage - One way	50.00	3.00	150.00

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CONSERVATION DIVISION
WICHITA, KS

Sales Tax (6.3%) \$103.05

Total \$4,581.65

All invoices are due upon receipt. Interest at the rate of 1 1/2% per month may be charged on all invoices not paid within 30 days from date of invoice.

WE APPRECIATE YOUR BUSINESS!

FED ID#
 MC ID # 165290
 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 Services, Inc.
 P.O. Box 782228
 Wichita, KS 67278-2228

Cement, Acid or Tools
 Service Ticket
 02706

DATE 8-22-08

COUNTY Allen CITY _____

CHARGE TO Thompson Oil Company
 ADDRESS 2260 W. Dakota Rd. CITY Iola ST Ks. ZIP 66749
 LEASE & WELL NO. Manhart #19 CONTRACTOR Bill M. Thompson
 KIND OF JOB hoisting SEC. _____ TWP. _____ RNG. _____
 DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge
	Pump Truck >	650.00
200	lbs. Gel Flush	40.00
4	Hrs. water Truck	320.00
4	Hrs. water Truck > Standby	180.00
	BULK CHARGE	
M/C	BULK TRK. MILES Trip charge To	200.00
	PUMP TRK. MILES Trk. w Area	M/C
	PLUGS	
	6.3% SALES TAX	2.52
	TOTAL	1392.52

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 CONSERVATION DIVISION
 WICHITA, KS

T.D. _____ CSG. SET AT 832' VOLUME _____
 SIZE HOLE 6 3/4" - Air Hole TBG SET AT _____ VOLUME _____
 MAX. PRESS. _____ SIZE PIPE _____
 PLUG DEPTH _____ ~~_____~~ on location at 2:00pm
 PLUG USED _____ TIME FINISHED Start at 4:00pm - Released 9:45pm

REMARKS: 4:15pm
 Rig up to 4 1/2" casing, Pumped Fresh water to load casing, casing loaded Pressured up casing raised up - Kicked out slips - casing went down hole. Retrieved casing out of hole
8:30pm Rig up to 4 1/2" landing Sub - Pumped fresh water down casing - Pressure at 400PSI - To 300PSI Pumped 10 Bbl. Gel-Flush, followed with 40 Bbls. fresh water (NO signs of Gel returns) shutdown
 Noticed 4 1/2" casing had come loose from landing Sub (casing down hole) Retrieved 4 1/2" casing
 Pump Truck Released at 9:45pm

EQUIPMENT USED
 NAME Kelly Kimberlin UNIT NO. 185 NAME Jerry #91, Clayton #193 UNIT NO. _____
Brad Butler HSI REP. WITNESSED BY Jerry Thompson OWNER'S REP.

FED ID#
 MC ID # 165290
 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 Services, Inc.
 P.O. Box 782228
 Wichita, KS 67278-2228

Cement, Acid or Tools
 Service Ticket
 02690

DATE 8-25-08

COUNTY Allen CITY _____

CHARGE TO Thompson Oil Company
 ADDRESS 2260 N. Dakota Rd. CITY Topeka ST Ks ZIP 66749
 LEASE & WELL NO. Monfort # 19 CONTRACTOR Bill McPherson
 KIND OF JOB Longstring SEC. 15 TWP. 24 RNG. 18E
 DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			700.00
105 sks	Quick Set cement		1572.00
25 lbs	Flocel 1/4" P/SK		43.75
200 lbs	Gel Flush		40.00
	BULK CHARGE		
5.87 Trks	BULK TRK. MILES		322.85
50	PUMP TRK. MILES		150.00
4	Hrs. water Truck PLUGS		320.00
		6.32 SALES TAX	100.53
		TOTAL	3189.13

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CONSERVATION DIVISION
 WICHITA, KS

T.D. _____
 SIZE HOLE 6 3/4" - Air Hole
 MAX. PRESS. _____
 PLUG DEPTH _____
 PLUG USED _____

CSG. SET AT 832' VOLUME 13.5 Bbls
 TBG SET AT _____ VOLUME _____
 SIZE PIPE 4 1/2" - 9.5lb
 PKER DEPTH _____
 TIME FINISHED _____

REMARKS: Risupto 4 1/2" casing, Pumped 5 Bbls water Ahead, 10 Bbl Gel Flush, followed with 20 Bbl. water, 5 Bbl. Dye water, Mixed 105 sks. Quick Set cement w/ 1/4" of Flocel. Displaced cement with 13 Bbls water. Final Pumping @ 400 PSI - ISDP @ 250 PSI = close casing in. Good cement returns to surface w/ 7 Bbl. slurry
"Thank you"

EQUIPMENT USED

NAME Kelly Kimberlin UNIT NO. 185
Brad Butler
 HSI REP.

NAME Jerry "91, Clayton "193 UNIT NO. _____
witnessed by Jerry Thompson
 OWNER'S REP.