

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

ORIGINAL

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 32073
Name: Thompson Oil Company
Address 1: 2260 North Dakota Road
Address 2: _____
City: Iola State: Ks Zip: 66749 + _____
Contact Person: Jerry Thompson
Phone: (620) 363-1045
CONTRACTOR: License # 33977
Name: EK Energy
Wellsite Geologist: _____
Purchaser: Pacer

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., 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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>08/04/2010</u>	<u>08/06/2010</u>	<u>08/06/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15-001-30073-00-00
Spot Description: _____
ne_se_sw_se Sec. 5 Twp. 24 S. R. 19 East West
605 Feet from North / South Line of Section
1,485 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: East Monfort Well #: C-6
Field Name: Iola
Producing Formation: Tucker
Elevation: Ground: 1096 est Kelly Bushing: _____
Total Depth: 1036 Plug Back Total Depth: _____
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: 1029
feet depth to: surface w/ 125' 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 #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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.

AFFIDAVIT

I am the affiant and I hereby certify that 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: 09/07/2010

KCC Office Use ONLY

Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Dg Date: 9/14/10

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SEP 09 2010
KCC WICHITA

Operator Name: Thompson Oil Company Lease Name: East Monfort Well #: C-6
 Sec. 5 Twp. 24 S. R. 19 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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
 (If no, Submit Copy)

Log Formation (Top), Depth and Datum Sample

Name Top Datum

see attached log

List All E. Logs Run:

CASING RECORD <input type="checkbox"/> New <input checked="" 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	12.25	8 5/8	20	20 ft	portland	5	n/a
long string	5 7/8	2 7/8	6.5	1029	portland	125	n/a

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: Yes No

Date of First, Resumed Production, SWD or ENHR. 08/18/2010

Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	0	0	30	n/a	

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>1029-1036</u>
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PAYLESS CONCRETE PRODUCTS, INC.

P.O. BOX 664
802 N. INDUSTRIAL RD.
IOLA, KS 66749

INVOICE

Invoice Number: 27115-16,79-80,93-94
Invoice Date: Aug 10, 2010 27223-
Page: 1

Duplicate

Voice: 620-365-5588
Fax:

Bill To:
CASH FOR C.O.D.'S 802 N. INDUSTRIAL RD. IOLA, KS 66749

Ship to:
JEROME THOMPSON 2260 N. DAKOTA RD. IOLA, KS 66749

Customer ID	Customer PO	Payment Terms	
CASH/C.O.D.	THOMPSON/MONFORTC-10	C.O.D.	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	TRUCK		8/10/10

Quantity	Item	Description	Unit Price	Amount
60.00	CEMENT/WATER	CEMENT & WATER PER BAG MIX 8/2/10 TICKET#27115 MONFORT C-10	7.60	456.00
1.00	TRUCKING	TRUCKING CHARGE 8/2/10 TICKET#27115 MONFORT C-10	50.00	50.00
60.00	CEMENT/WATER	CEMENT & WATER PER BAG MIX 8/2/10 TICKET#27116 MONFORT C-10	7.60	456.00
62.50	CEMENT/WATER	CEMENT & WATER PER BAG MIX 8/5/10 TICKET#27179 C-8	7.60	475.00
1.00	TRUCKING	TRUCKING CHARGE 8/5/10 TICKET#27179 C-8	50.00	50.00
62.50	CEMENT/WATER	CEMENT & WATER PER BAG MIX 8/5/10 TICKET#27180 C-8	7.60	475.00
62.50	CEMENT/WATER	CEMENT & WATER PER BAG MIX 8/6/10 TICKET#27193 E.MONFORT C-6	7.60	475.00
1.00	TRUCKING	TRUCKING CHARGE 8/6/10 TICKET#27193 E.MONFORT C-6	50.00	50.00
62.50	CEMENT/WATER	CEMENT & WATER PER BAG MIX 8/6/10 TICKET#27194 E. MONFORT C-6	7.60	475.00
60.00	CEMENT/WATER	CEMENT & WATER PER BAG MIX 8/10/10 TICKET#27223 B-17	7.60	456.00
60.00	CEMENT/WATER	CEMENT & WATER PER BAG MIX 8/10/10	7.60	456.00

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	
TOTAL	Continued

Check/Credit Memo No:

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**Lone Jack Oil Company
509 East Walnut
Blue Mound, KS 66010**

Invoice

Date	Invoice #
8/7/2010	1093

Bill To
Jerry Thompson Thompson Oil 2260 North Dakota Rd. Iola, KS 66749

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	East Monfort 8/6/10, Well #C-6, circulated 125 sacks of cement to surface, pumped 262 gallons of water behind cement and shut in.	600.00	600.00
	Sales Tax	7.30%	43.80

Thank you for your business.	Total \$643.80
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RECEIVED

SEP 09 2010

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