CONFIDENTIAL

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form ACO-1 June 2009

Form Must Be Typed Form must be Signed

WELL COMPLETION FORM All blanks must be Filled **WELL HISTORY - DESCRIPTION OF WELL & LEASE**

6556			1 .5	. 15	00-00	11/10/11	
OPERATOR: License # 6556		Oil Co	i				
Name:Jones, Lee R. dba Lee R. Jones, Jr. Oil Co.				Spot Description:			
Address 1: 1020 N. Montgomery				NW_NE_SW_NW Sec. 34 Twp. 34 S. R. 10 ▼ East West			
Address 2:							
City: Sedan State: KS Zip: 67361 +			4,414	4,414 Feet from Feet from East / West Line of Section			
Contact Person: Matt Jones			Footag	es Calculated from I	Nearest Outside Section	Corner:	
Phone: (620) 725-3636		V.A.A.		□NE □NW	∕ ✓se □sw		
CONTRACTOR: License #583	31		County	Chautauqua			
Name: MOKAT Drilling		KGC		Name: Edwards		Well #:	
Wellsite Geologist: None		MON 5 5 5010	Field N	ame: Elgin Oil &			
Purchaser: Coffeyville Resource	ces	CONFIDENTI	A Produc	ing Formation: Way			
Designate Type of Completion:		CONLINE.	Flevation	•		g:	
	o Entru	7 Workovor			ig Back Total Depth:		
	e-Entry	Workover	1	•		Feet	
☑ Oil ☐ wsw	SWD	SIOW	ļ				
☐ Gas ☐ D&A	ENHR	∐ SIGW		_	Collar Used?		
☐ OG	GSW	☐ Temp. Abd.				Feet	
☐ CM (Coal Bed Methane) ☐ Cathodic ☐ Other (Con	ro Eval ato l		If Altern	nate II completion, co	ement circulated from: _		
			feet dep	oth to:_surface	w/160	sx cmt.	
If Workover/Re-entry: Old Well Ir							
Operator:			Drilling	Fluid Managemen	t Plan		
Well Name:			(Data mu	ust be collected from th	e Reserve Pit)		
Original Comp. Date:			Chloride	e content:	ppm Fluid volum	ne: bbls	
Deepening Re-per	_	NHR	Dewate	ring method used:_		RECEIVED	
	Conv. to G		Location	n of fluid disposal if l	hauled offsite:	NOV 2 2 201	
Plug Back:	_		Location	n of fluid disposal if I	nauled offsite.	NOV 2 2 201	
☐ Commingled			Operato	or Name:		VCC WICHIT	
☐ Dual Completion☐ SWD			Lease N	Name:	License #:	KCC WICHIT	
☐ SWD		·				East 🗌 West	
☐ GSW	Permit #:		County:		Permit #:		
9-20-10 9-23-1		9-28-10					
Spud Date or Date Re	ached TD C	Completion Date or					
Recompletion Date	F	Recompletion Date					
INSTRUCTIONS: An original at Kansas 67202, within 120 days of side two of this form will be he tiality in excess of 12 months). BE ATTACHED. Submit CP-4 for	of the spud date, re eld confidential for a One copy of all wire	ecompletion, workover or o a period of 12 months if re eline logs and geologist w	conversion of equested in w vell report sha	f a well. Rule 82-3-1 riting and submitted all be attached with	30, 82-3-106 and 82-3-1 with the form (see rule ϵ this form. ALL CEMENT	107 apply. Information 82-3-107 for confiden-	
	AFEIDAVIT		Γ		KCC Office Use ON	IY	
AFFIDAVIT am the affiant and I hereby certify that all requirements of the statutes, rules and r			i regu-				
ations promulgated to regulate the	e oil and gas industr	ry have been fully complie	ed with	Letter of Confid	lentiality Received	112	
and the statements herein are cor	mplete and correct	to the best of my knowled	dge.	Date:	11/20	μ-	

Signature:	5- Pot	
Title: Bookkeeper	Date: 11- 18~10	

KCC Office Use ONLY
Letter of Confidentiality Received Date: 1 27 10 ~ 11 27 12 Confidential Release Date:
₩ Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II III Approved by: Date: