

CONFIDENTIAL

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

8/24/11

OPERATOR: License # 31302
Name: Jones & Buck Development
Address 1: P.O. Box 68
Address 2: _____
City: Sedan State: KS Zip: 67361 + _____
Contact Person: P. J. Buck
Phone: (620) 725-3636
CONTRACTOR: License # 5831
Name: MOKAT Drilling
Wellsite Geologist: None
Purchaser: Coffeyville Resources

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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 #: _____

6-1-10	6-4-10	6-9-10
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 019-26999-0000
Spot Description: _____
SW SE SE NE Sec. 27 Twp. 34 S. R. 10 East West
2,805 Feet from North / South Line of Section
375 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Chautauqua
Lease Name: Dean Well #: JBD#1
Field Name: Elgin Oil & Gas
Producing Formation: Wayside
Elevation: Ground: 986 est Kelly Bushing: _____
Total Depth: 1720' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 40 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1687
feet depth to: surface w/ 220 sx cm.

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: S. J. [Signature]
Title: Bookkeeper Date: 8-23-10

KCC Office Use ONLY
 Letter of Confidentiality Received
Date: 8/24/10 - 8/24/11 RECEIVED
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: DJG Date: 8/24/10
AUG 24 2010
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Operator Name: Jones & Buck Development Lease Name: Dean Well #: JBD#1
 Sec. 27 Twp. 34 S. R. 10 East West County: Chautauqua

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 <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray/Cement Bond/CCL/VDL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Lenapah Limestone</td> <td>1400</td> <td></td> </tr> <tr> <td>Wayside Sandstone</td> <td>1408</td> <td></td> </tr> <tr> <td>Altamont Limestone</td> <td>1462</td> <td></td> </tr> </table> <div style="text-align: right; font-weight: bold; font-size: 1.2em;"> KCC AUG 24 2010 CONFIDENTIAL </div>	Name	Top	Datum	Lenapah Limestone	1400		Wayside Sandstone	1408		Altamont Limestone	1462	
Name	Top	Datum											
Lenapah Limestone	1400												
Wayside Sandstone	1408												
Altamont Limestone	1462												

CASING RECORD <input 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 5/8"		40'	Portland "A"	8	None
Production	6 3/4"	4 1/2"		1687'	60/40 poz	220	See Cementing Ticket

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
2	1410-1416	400 gallons 15% HCL, 6000# 12/20 frac sand,	1410-1416
		300 barrels water	

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TUBING RECORD:	Size: <u>2 3/8"</u>	Set At: <u>1426'</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>6-10-10</u>		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. <u>7</u>	Gas Mcf <u>trace</u>	Water Bbls. <u>30</u>	Gas-Oil Ratio <u>40</u>

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 type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Air Drilling
Specialist
Oil and Gas Wells



M.O.K.A.T. DRILLING
Office Phone: (620) 879-5377



P.O. Box 590
Caney, KS 67333

Operator JONES & BUCK	Well No. JBD-1	Lease DEAN	Loc. 1/4 1/4 1/4	Sec. 27	Twp. 34	Rge. 10
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County CHAUTAUQUA	State KS	Type/Well	Depth 1720	Hours	Date Started	Date Completed
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Job No.	Casing Used	Bit Record						Coring Record					
		Bit No.	Type	size	From	To	Bit No.	type	Size	From	To	% Rec.	
Driller	Cement Used												
Driller	Rig No.												
Driller	Hammer No.												

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation	From	To	Formation
0	40	SURFACE	1655	1667	SHALE						
40	151	SAND	1667	1701	LIME (OSWEGO)						
151	180	LIME	1701	1716	SHALE						
180	186	SAND	1716	1720	LIME						
186	188	LIME									
188	301	SHALE			T.D. 1720'						
301	311	SAND									
311	508	SANDY SHALE									
508	531	SAND									
531	791	SANDY SHALE									
791	810	SAND									
810	1034	SHALE									
1034	1065	SAND (OIL ODOR)									
1065	1131	SANDY SHALE									
1131	1150	SAND									
1150	1196	SHALE									
1196	1199	LIME									
1199	1240	SANDY SHALE									
1240	1275	SAND									
1275	1394	SANDY SHALE									
1394	1405	LIME									
1405	1431	SAND (OIL ODOR)									
1431	1461	SHALE									
1461	1486	LIME									
1486	1491	SHALE									
1491	1512	LIME									
1512	1520	SHALE									
1520	1551	SAND									
1551	1587	SHALE									
1587	1612	LIME									
1612	1655	SAND									

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ACKARMAN HARDWARE and LUMBER CO
 160 EAST MAIN STREET
 SEDAN, KS 67361

PAGE NO 1

PHONE: (620) 725-3103

THANKS FOR YOUR BUSINESS!!

Cust No	Job No	Purchase Order	Reference	Terms	Clerk	Date	Time
253636			GARTH DEAN	NET 10TH	SC	6/ 1/10	11:49

Sold To:
 JONES & BUCK DEVELOPMENT
 P. O. BOX 68

 SEDAN KS 67361

Ship To:

DOC# 187247
 DUPLICATE
 * INVOICE *

TERM#552

TAX : 001 KANSAS SALES TAX

LN#	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUQS	UNITS	PRICE/PER	EXTENSION
1	8		EA	RM44816	PORTLAND CEMENT 92.6#		8	11.80 /EA	94.40 *

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** AMOUNT CHARGED TO STORE ACCOUNT **

101.76 TAXABLE 94.40
 NON-TAXABLE 0.00
 SUBTOTAL 94.40

(JOHN CORNSTUBBLE)

TAX AMOUNT 7.36
 TOTAL AMOUNT 101.76

X

Received By



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 # 234629

Invoice Date: 06/08/2010 Terms: 10/10,n/30

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J. B. D. & P. J. BUCK
P.O. BOX 68
SEDAN KS 67361
(620) 725-3636

JBD #1
27569
06/04/10
27-34-10

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	60.00	16.5000	990.00
1131	60/40 POZ MIX	160.00	11.0000	1760.00
1107A	PHENOSEAL (M) 40# BAG)	120.00	1.1200	134.40
1110A	KOL SEAL (50# BAG)	800.00	.4000	320.00
1111	GRANULATED SALT (50 #)	400.00	.3200	128.00
1118B	PREMIUM GEL / BENTONITE	450.00	.1700	76.50
1123	CITY WATER	7560.00	.0145	109.62
4404	4 1/2" RUBBER PLUG	1.00	44.0000	44.00

Description	Hours	Unit Price	Total
398 CEMENT PUMP	1.00	900.00	900.00
398 EQUIPMENT MILEAGE (ONE WAY)	45.00	3.55	159.75
398 CASING FOOTAGE	1687.00	.20	337.40
T-99 WATER TRANSPORT (CEMENT)	3.50	108.00	378.00
NUNNE 80 BBL VACUUM TRUCK (CEMENT)	3.50	96.00	336.00
550 MIN. BULK DELIVERY	1.00	305.00	305.00

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Amount Due 5582.80 if paid before 06/18/2010

Parts:	3562.52	Freight:	.00	Tax:	224.44	AR	6203.11
Labor:	.00	Misc:	.00	Total:	6203.11		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

MCALISTER, OK
918/426-7667

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

234629

TICKET NUMBER 27569
LOCATION Barthesville, OK
FOREMAN Kirk Sanders

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
6-4-10		Dean JBD #1	27	34	10	CO
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE L5 HOLE SIZE 6 3/4 HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 1687' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8/14.5 SLURRY VOL 1.31/1.45 WATER gal/sk _____ CEMENT LEFT in CASING Ø
 DISPLACEMENT 26.8 DISPLACEMENT PSI 500 MIX PSI 200 RATE 4.5 bpm

REMARKS: Run gel 11cm to est. circ., ran 160sx of 60/40 Poz w/ 2% gal/5% Salt / 5% Kal Seal / .6" Plana (lead) & 60bx of OWC (tail). Washed out pump & lines, dropped plug & disp. to set. Shut down & washed up.
Plug held
— Circ. Cement to Surf. —

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE (Long String)		900 ⁰⁰
5406	415	MILEAGE	RECEIVED	159 ⁷⁵
5407	1	BULK TRK		305 ⁰⁰
5407	1687	Footage	AUG 24 2010	337 ⁴⁰
5501C	3.5 hrs.	Transport		378 ⁰⁰
5502C	3.5 hrs.	80 Vac	KCC WICHITA	336 ⁰⁰
1126	160sx	OWC	*	990 ⁰⁰
1131	160sx	60/40 Poz	*	1760 ⁰⁰
1107A	120 ⁰⁰	Plana Seal	*	154 ⁴⁰
1110A	800 ⁰⁰	Kal Seal	*	320 ⁰⁰
1111	400 ⁰⁰	Granulated Salt	*	128 ⁰⁰
1118B	450 ⁰⁰	Premium Gel	*	76 ⁵⁰
1123	7560 gal	City Water	*	109 ⁶⁰
4404	1	4 1/2 Rubber Plug	*	44 ⁰⁰
(10% Discounted Price \$5,582 ⁰⁰) 6.3% SALES TAX				224 ⁴⁴
ESTIMATED TOTAL				6,203 ¹¹

Revin 3737

AUTHORIZATION _____ TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.