1062904

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 31302
Name: Jones & Buck Development, a General Partnership
Address 1: PO BOX 68
Address 2:
City: SEDAN State: KS Zip: 67361 + 0068
Contact Person: P. J. Buck
Phone: (620) 725-3636
CONTRACTOR: License # 5495
Name: McPherson, Bill and/or Penny M. dba McPherson Drilling Co.
Wellsite Geologist: None
Purchaser: Coffeyville Resources

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 #:

06/27/2011	07/06/2011	07/24/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-019-27045-00-00
Spot Description:
SW-SW-NE-NE Sec. 36 Twp. 33 S. R. 10 ☑ East ☐ West
4050 Feet from ☐ North / ☑ South Line of Section
1150 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW
County: Chautauqua
Lease Name: Thompson Well #: JBD 36-1
Field Name: Peru-Sedan
Producing Formation: Wayside
Elevation: Ground: 882 Kelly Bushing: 884
Total Depth: 1360 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: 1360
feet depth to: 0 w/ 140 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls
Dewatering method used: Evaporated
Location of fluid disposal if hauled offsite:
Operator Name:
Lease Name: License #:
Quarter Sec. Twp. S. R. ☐ East ☐ West
County: Permit #:

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.

Submitted Electronically

KCC Office Use ONLY

☑ Letter of Confidentiality Received
Date: 09/08/2011
☐ Confidential Release Date:
☑ Wireline Log Received
☐ Geologist Report Received
☐ UIC Distribution
ALT ☐ I ☑ II ☐ III Approved by: NAOMI JAMES Date: 09/08/2011