



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM

Form Must Be Typed Form must be Signed All blanks must be Filled

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:

Designate Type of Completion: [X] New Well [] Re-Entry [] Workover [] Oil [] WSW [X] 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 #:

08/08/2011 09/14/2011 09/15/2011 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-019-27057-00-00

Spot Description: SE NW NE NE Sec. 36 Twp. 33 S. R. 10 [X] East [] West 4767 Feet from [] North [X] South Line of Section 968 Feet from [X] East [] West Line of Section

Footages Calculated from Nearest Outside Section Corner: [] NE [] NW [X] SE [] SW

County: Chautauqua

Lease Name: Thompson Well #: JBD 36-5

Field Name: Peru-Sedan

Producing Formation: Arbuckle

Elevation: Ground: 868 Kelly Bushing: 870

Total Depth: 2475 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 40 Feet

Multiple Stage Cementing Collar Used? [] Yes [X] No

If yes, show depth set: Feet

If Alternate II completion, cement circulated from: 2139 feet depth to: 0 w/ 220 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

[X] Letter of Confidentiality Received Date: 09/16/2011 [] Confidential Release Date: [X] Wireline Log Received [] Geologist Report Received [X] UIC Distribution ALT [] I [X] II [] III Approved by: NAOMI JAMES Date: 09/16/2011