



KANSAS CORPORATION COMMISSION 1066862
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 # 31519
Name: Jackson, Leland dba Lone Jack Oil Co.
Address 1: 509 E WALNUT ST
Address 2: _____
City: BLUE MOUND State: KS Zip: 66010 + 9428
Contact Person: Leland Jackson
Phone: (913) 756-2307
CONTRACTOR: License # 31519
Name: Jackson, Leland dba Lone Jack Oil Co.
Wellsite Geologist: N/A
Purchaser: _____

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.): Dry

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 #: _____

08/31/2011	09/02/2011	09/07/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-001-30213-00-00

Spot Description: _____
NE NE SW SE Sec. 27 Twp. 23 S. R. 21 East West
1237 Feet from North / South Line of Section
1361 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Allen
Lease Name: Gamlin Well #: #7
Field Name: _____

Producing Formation: Bartlesville
Elevation: Ground: 975 Kelly Bushing: 0
Total Depth: 591 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: _____
feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 160 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: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Gantner Date: 11/16/2011



1066862

Operator Name: Jackson, Leland dba Lone Jack Oil Co. Lease Name: Gamlin Well #: #7
 Sec. 27 Twp. 23 S. R. 21 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 <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input 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>Bartlesville</td> <td>591</td> <td>591</td> </tr> </table>	Name	Top	Datum	Bartlesville	591	591
Name	Top	Datum					
Bartlesville	591	591					

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	9.875	7	18	20	Type II	5	N/A

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ 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: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input 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: _____ _____
--	--	---

DIEBOLT LUMBER AND SUPPLY INC.

2661 Nebraska Road
 La Harpe, Kansas 66751
 FAX: (620) 496-2226
 PHONE: (620) 496-2222



ORDER NO: 009 PURCHASE ORDER: REFERENCE: TERMS: CASH/NET 30/STANDARD CLERK: PS DATE/TIME: 1/6/11 9:03

SOLD TO:
 CASH

SHIP TO:
 LELAND JACKSON
 568 E WALNUT
 BLUE MOUND

TERMINAL: 554

SALESPERSON: PS JERRY SMITH
 TAX: 001 KANSAS TAX

INVOICE: 175869

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	LOCATION	QUANTITY	PRICE PER	EXTENSION
1	8	8	BG	94PC	94# TYPE I PORTLAND CEMENT	2	8	9.66 /BG	77.20 *
2	4	4	EA	BLT	3x4x8' MCA GRN LANDSCAPE TIMBER	WEST	4	3.32 /EA	13.28

Grandin

** PAID IN FULL **

97.31 TAXABLE 90.48
 NON-TAXABLE 0.00
 SUBTOTAL 90.48

CHECK PAYMENT
 CK# 3957

97.31 TAX AMOUNT 6.83
TOTAL 97.31



TOT WT: 772.00

X _____
 Received By

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

Invoice

Date	Invoice #
9/18/2011	1328

Bill To
Lone Jack Oil 509 E Walnut St Blue Mound, KS 66010

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	Gamlin Lease 9/1/11, Well #7, Pumped 10 sacks at TD through 1 inch pipe, pulled up to 450 feet, pumped 10 sacks, pulled up to 200 feet and pumped remaining 40 sacks to surface.	300.00	300.00T
	Sales Tax	6.30%	18.90
		Total	\$318.90