



KANSAS CORPORATION COMMISSION 1066855  
OIL & GAS CONSERVATION DIVISION

Form AGO-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     SLOW  
 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 #: \_\_\_\_\_

<u>08/08/2011</u>	<u>08/10/2011</u>	<u>08/15/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-001-30211-00-00  
Spot Description: \_\_\_\_\_  
SE NE SE SE Sec. 27 Twp. 23 S. R. 21  East  West  
907 Feet from  North /  South Line of Section  
165 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Allen  
Lease Name: Gamlin Well #: #5

Field Name: \_\_\_\_\_  
Producing Formation: Bartlesville

Elevation: Ground: 947 Kelly Bushing: 0

Total Depth: 569 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: 551  
feet depth to: 0 w/ 80 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 Garrisor Date: 11/21/2011



1066855

Operator Name: Jackson, Leland dba Lone Jack Oil Co. Lease Name: Gamlin Well #: #5  
 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 checked="" type="checkbox"/> Yes <input 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>559</td> <td>569</td> </tr> </table>	Name	Top	Datum	Bartlesville	559	569
Name	Top	Datum					
Bartlesville	559	569					

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	6.25	18	20	Type II	5	No Additives
Long String	5.625	2.875	6.5	551	Type II	80	No Additives

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:  Yes  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: _____ _____
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**DIEBOLT LUMBER AND SUPPLY INC.**

PAGE NO 1

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



ORDER NO.	JOB NO.	PURCHASE ORDER	REFERENCE	CASH/CHECK/CARD	DATE/TIME
000					8/16/10 12:55

TERMINAL: 554

CASH

LONE JACK OIL

SALESPERSON: JF JOHN FURSMAN, III  
 TAX: 001 KANSAS TAX

**INVOICE: 177456**

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	LOCATION	UNITS	PRICE	EXTENSION
1	35	35	BG	94PC	94# TYPE I PORTLAND CEMENT	2	35	9.65 /BG	337.75 *
2	1	1	EA	38	PALLET CHARGES	S/O	1	15.00 /EA	15.00 *

*Gamlin  
Well # 5*

\*\* PAID IN FULL \*\*

379.38

TAXABLE 352.75  
 NON-TAXABLE 0.00  
 SUBTOTAL 352.75

CHECK PAYMENT  
 CK# 3960

379.38

TAX AMOUNT 26.63

**TOTAL 379.38**



TOT WT: 3290.00

X \_\_\_\_\_  
 Received By



102 N. Industrial Rd.  
P.O. Box 66  
Iola, Kansas 66749  
Phone: (820) 365-5588

**Payless Concrete Products, L.L.C.**

to the nearest accessible point over passable road. One delivery or owner's intermediary's direction, liability for damage in any manner to sidewalks, driveways, etc. at customer's expense. A loading area of 10' x 6' minimum per yard. A concrete contractor shall assume responsibility for any damage to property.

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SOLD TO

BAHOL  
CASH CUSTOMER

SHIP TO

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	YARDS DEL.	PRIME	PLANT TRANSACTION
08:31-31a	WELL	8.00 yd	8.00 yd			ALLCO
DATE	LOAD	YARDS DEL.	CAUSE	WATER	SHUMP	TICKET NUMBER
To Date Today	1	8.00 yd			4.00 in	29842

**WARNING**  
**IRITATING TO THE SKIN AND EYES**

Concrete is a hazardous material. It can cause skin irritation and eye damage. Avoid contact with skin and eyes. If contact occurs, wash immediately with water. Do not breathe dust. Use proper handling techniques. See Material Safety Data Sheet for more information.

PROPERTY DAMAGE WAIVER  
TO BE FILLED IN BY THE CUSTOMER. THIS WAIVER IS VALID ONLY IF THE CUSTOMER SIGNATURES ARE PRESENT ON THIS FORM. THE CUSTOMER AGREES TO HOLD THE SUPPLIER HARMLESS FROM ALL CLAIMS, DAMAGES, LOSSES AND EXPENSES, INCLUDING REASONABLE ATTORNEY'S FEES, ARISING OUT OF OR RESULTING FROM THE DELIVERY OF CONCRETE TO THE PROPERTY OF THE PURCHASER UPON DELIVERY OF THE CONCRETE. ORIGINAL INSTRUCTIONS MUST BE TELEPHONED TO THE OFFICE BEFORE LOADING STARTS.

EXCESSIVE WATER DETRIMENTAL TO CONCRETE PERFORMANCE  
If Added By Request/Authorized By: ICAL XV

NOTICE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARNING NOTICE AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHEN DELIVERING INSIDE CURB LINE.

LOAD RECEIVED BY: [Signature]

QUANTITY	CODE	DESCRIPTIONS	UNIT PRICE	EXTENDED PRICE
8.00		WELL TRUCKING	8.00	64.00
2.50		WELL (10 SACKS PER UNIT) TRUCKING CHARGE	2.50	6.25
			76.00	70.25

*Don't know well 215*

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION / CYLINDER TEST TAKEN	TIME ALLOWED
			1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER 6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER	
				Sub Total \$ 733.00
				Tax % 7.550 55.34
				Total \$ 788.34
				Order \$ 788.34
				ADDITIONAL CHARGE 1
				ADDITIONAL CHARGE 2
				<b>GRAND TOTAL</b>

8:40 9:27

TOTAL POUND TRIP TOTAL AT JOB UNLOADING TIME DELAY TIME

485.760

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

**Invoice**

Date	Invoice #
8/28/2011	1316

<b>Bill To</b>
Lone Jack Oil 509 E Walnut St Blue Mound, KS 66010

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	8/15/11, Well #5, circulated 80 sacks of cement to surface. Sales Tax	600.00 6.30%	600.00T 37.80
		<b>Total</b>	<b>\$637.80</b>