



KANSAS CORPORATION COMMISSION 1066864
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.): _____

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 #: _____

09/29/2011	10/01/2011	10/05/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-001-30261-00-00
Spot Description: _____
SE SE NE SE Sec. 27 Twp. 23 S. R. 21 East West
1422 Feet from North / South Line of Section
220 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: Gamlin Well #: 8
Field Name: _____
Producing Formation: Bartlesvill
Elevation: Ground: 946 Kelly Bushing: 0
Total Depth: 573 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: 564
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



1066864

Operator Name: Jackson, Leland dba Lone Jack Oil Co. Lease Name: Gamlin Well #: 8
 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: none;"> <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>565</td> <td>573</td> </tr> </table>	Name	Top	Datum	Bartlesville	565	573
Name	Top	Datum					
Bartlesville	565	573					

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
Long String	5.625	2.875	6.5	564	Type II	80	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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____				
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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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THE NEW KLEIN LUMBER COMPANY
 201 W. MADISON
 P.O. BOX 805
 IOLA, KS 66749
 PHONE: (620) 365-2201

CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCE	TERMS	CLERK	DATE	TIME
45				CASH/CHECK/BANKCARD		9/29/01	8:43

S O C I E T Y O F M E M B E R S O F T H E I R C O U N T R Y C L O S E D O N 9 / 2 9 / 0 1 A T 8 :	S H I P T O
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TERMS: 5/10 NET 30
 DUCK C44347

 # INVOICE #

TAX : 001 IOLA IOLA

SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/PER	EXTENSION
5		EA	PC	PORTLAND CEMENT		5	9.45 /EA	47.25
				<i>GAMLIN</i>				
				<i>well # 8</i>				

** PAYMENT RECEIVED **	51.29	TAXABLE	47.25	
** PAID IN FULL **		NON-TAXABLE	0.00	
		SUBTOTAL	47.25	
X RECEIVED BY _____	CHECK PAYMENT	51.29	TAX AMOUNT	4.04
	CK# 4057 ABA#		TOTAL AMOUNT	51.29

802 N. Industrial Rd.
P.O. Box 664
Jola, Kansas 66749
Phone: (620) 365-5588

Payless Concrete

CONDITIONS
Concrete to be delivered to the nearest accessible point (any distance) under truck's own power. Due to delivery of concrete to the job site, the contractor assumes full responsibility for damages to any structures, equipment, roads, driveways, buildings, trees, shrubs, etc. caused by concrete. The maximum allowed time for unloading concrete is 30 minutes per yard. No charge will be made for holding trucks longer than 30 minutes per yard. Water is to be placed in the concrete as indicated. We do not assume any liability for strength loss when water is added at customer's request.
NOTICE TO OWNER: It is the responsibility of the contractor to pay these charges. Any material or services furnished under this contract can result in the loss of a trademark and will not be the subject of this contract.

SEND TO

SHIP TO

DATE	FORMULA	LOAD SIZE	YARDS ORDERED	DRIVER/TRUCK	PLANT/STATION
09-27-10	BL	100 YD	8.00 yd		
DATE	FORMULA	LOAD SIZE	YARDS ORDERED	DRIVER/TRUCK	PLANT/STATION
10-05-11	BL	100 YD	8.00 yd		

WARNING - IF HITTING TO THE SKIN AND EYES

CONCRETE CONTAINS ALKALI. CONTACT WITH SKIN OR EYES CAN CAUSE SEVERE BURNS AND DAMAGE TO EYES. IMMEDIATELY RINSE WITH WATER FOR AT LEAST 15 MINUTES. IF EYES ARE CONTACTED, IMMEDIATELY SEEK MEDICAL ATTENTION. KEEP CHILDREN AWAY.

CONCRETE IS A HAZARDOUS COMMODITY AND BECOMES THE PROPERTY OF THE PURCHASER UPON DELIVERY. PLEASE READ AND FOLLOW ALL SAFETY AND HANDLING INSTRUCTIONS ON THE MATERIAL'S DATA SHEET. IF YOU HAVE ANY QUESTIONS, CONTACT YOUR SUPPLIER.

All accounts not paid within 30 days of delivery will bear interest at the rate of 24% per annum.

Not Responsible for Resective Aggregate or Color Quality. No Claim Allowed Unless Made at Time Material is Delivered.

A \$25 Service Charge and Loss of the Cash Discount will be collected on all Returned Checks.

Excess Delay Time Charged @ \$50/Hr.

PROPERTY DAMAGE RELEASE
TO BE SIGNED IF DELIVERED TO BEYOND CURB SERVICE

Dear Customer: The driver of this truck is not responsible for any damage to your property or to the property of others. You agree to hold the driver and the company harmless from any and all claims for property damage or injury to persons or property. This release is not intended to cover any claims for property damage or injury to persons or property that are caused by the negligence of the driver or the company.

Signature: _____

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
8.00	WELL	WELL (10 BAG)	8.00	76.00
2.50	TRUCKING	TRUCKING CHARGE	2.50	50.00
				808.00

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION (CHECK ONE)	TIME TAKEN
			TRUCK BROKE DOWN	
			CONTRACTOR BROKE DOWN	
			OTHER	
ARRIVED PLANT	ARRIVED JOB	START UNLOADING		
7:35	10:20			
TOTAL AROUND TRIP	TOTAL AT JOB	UNLOADING TIME		

TOTAL \$ 733.00
 7.550 = 55.34
 788.34
 ADDITIONAL CHARGE 1 = 788.34
 ADDITIONAL CHARGE 2 =
GRAND TOTAL ▶

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

Invoice

Date	Invoice #
10/9/2011	1340

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

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Gamlin #8		
1	10/5/11, Well #8, circulated 80 sacks of cement to surface, pumped 143 gallons of water behind cement and shut in.	700.00	700.00T
	Sales Tax	6.30%	44.10
		Total	\$744.10