



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

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: _____

API No. 15 - 15-019-27071-00-00
 Spot Description: _____
 NW SE NE NE Sec. 36 Twp. 33 S. R. 10 East West
4470 Feet from North / South Line of Section
435 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 36-8
 Field Name: Peru-Sedan
 Producing Formation: Wayside
 Elevation: Ground: 875 Kelly Bushing: 877
 Total Depth: 1340 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 41 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: _____ Feet
 If Alternate II completion, cement circulated from: 1338
 feet depth to: 0 w/ 140 sx cmt.

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 #: _____

<u>9/28/2011</u>	<u>10/3/2011</u>	<u>10/14/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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: 10/24/2011
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: NAOMI JAMES Date: 10/25/2011