



KANSAS CORPORATION COMMISSION 1087081
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 # 5723
Name: John M. Denman Oil Co., Inc.
Address 1: PO BOX 36
Address 2: _____
City: SEDAN State: KS Zip: 67361 + _____
Contact Person: SHELLEY WISE
Phone: (620) 725-3727
CONTRACTOR: License # 5831
Name: M.O.K.A.T.
Wellsite Geologist: NA
Purchaser: COFFEYVILLE RESOURCES

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 #: _____
06/20/2012 06/21/2012 06/28/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-019-27205-00-00
Spot Description: _____
SE SE SE NE Sec. 36 Twp. 34 S. R. 11 East West
2850 Feet from North / South Line of Section
275 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Chautauqua
Lease Name: DUNHAM-LEMMON Well #: S-1
Field Name: _____
Producing Formation: PERU / WAYSIDE
Elevation: Ground: 926 Kelly Bushing: 0
Total Depth: 1215 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 40 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 0
feet depth to: 1215 w/ 130 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

Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garrick Date: 07/12/2012



1087081

Operator Name: John M. Denman Oil Co., Inc. Lease Name: DUNHAM-LEMMON Well #: S-1
 Sec. 36 Twp. 34 S. R. 11 East West County: Chautauqua

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: DUAL INDUCTION LL3/GELOG GAMMA RAY VARIABLE DENSITY LOG COMPENSATED DENSITY SIDEWALL NEUTRONLOG	<input checked="" 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>WAYSIDE</td> <td>1150</td> <td></td> </tr> </table>	Name	Top	Datum	WAYSIDE	1150	
Name	Top	Datum					
WAYSIDE	1150						

CASING RECORD <input checked="" type="checkbox"/> New <input 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	9.6875	8.6875	20	43	PORTLAND	8	
CASING	6.6875	4.5	11.60	1215	CLASS A	130	
PRODUCTION	4	2.6875	4.7	1192.50	0	0	0

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
2	1150-1166		

TUBING RECORD:	Size: <u>23/8/</u>	Set At: <u>1192.50</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. <u>7/2/2012</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	10	0	0		37

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" 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: <u>1150-1166</u>
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PO Box 542
 Winfield, KS 67156
 Ph: 620-221-7524 Fax: 620-221-7514

Invoice/Bill of Lading

EMERGENCY 24 HOUR RESPONSE
 1-800-535-5053

Date	Invoice#
6/29/2012	9088

Bill To
John M. Denman Oil Company, Inc. 202 S. Chautauqua Sedan, KS 67361

19-010

Lease/Well Name: **Dunham Lemmon S-1**

Terms	Due Date	P.O. #	Origin	Ship Date	Truck #	Driver	County
Net 30	7/29/2012		Winfield, KS	6/27/2012	701	Derek	Chautauqua
No of Package	HM	Item Code	Description	Total Weight	Quantity (Gallons)	Unit Price	Amount
1 cargo tank	X	HCl	LN1789. Hydrochloric acid solution. 8. PG II		250	1.95	487.50
		BallGun	Ball Injector Charge			125.00	125.00
		PerfBalls	Perf Balls		40	1.50	60.00
		SN-2040	Chemicals. NOS. PG III. (Not Regulated). Frac Sand - 20/40		5,000	0.28	1,400.00
		SN-1220	Chemicals. NOS. PG III. (Not Regulated). Frac Sand - 12/20		200	0.47	94.00
		WGA-D	Chemical. NOS. PGIII. (Not Regulated). Frac Gel with Breaker		150	8.75	1,312.50
		FracTruckLg	Frac Truck Charge over 3000#			650.00	650.00
		Miles	Miles One Way			3.00	3.00
		Sndtrk	Sand Truck & Trailer - #705			450.00	450.00
		Miles	Miles One Way			3.00	3.00
		WaterChg	Water Haul Charge			1,035.00	1,035.00

AWK
 7-9-12

15% NE-FE Acid		Subtotal	\$5,620.00
Thank you for your business!	Customer Representative	Date	Sales Tax (8.3%)
<small>DISCLAIMER OF WARRANTY Seller and seller's agents assume no responsibility for all persons injuries and property damages resulting from the handling, possession or use of the goods after delivery to buyer. In no event shall seller's liability exceed the purchase price of the products or services sold on the subject of any claims made by buyer. In no event shall buyer be entitled to incidental or consequential damages. Buyer further agrees to indemnify and hold seller harmless from all claims, losses or damages attributable to pollution or contamination and cost of control or removal thereof, alleged to have been caused by products sold to buyer hereunder.</small>			Total
			\$0.00
			\$5,620.00

1 1/2% Interest per month charged on all past due accounts

