



KANSAS CORPORATION COMMISSION 1092484  
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 #: \_\_\_\_\_

<u>07/18/2012</u>	<u>07/19/2012</u>	<u>07/20/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-001-30343-00-00

Spot Description: \_\_\_\_\_  
SW SE NE SE Sec. 27 Twp. 23 S. R. 21  East  West  
1553 Feet from  North /  South Line of Section  
425 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Allen

Lease Name: Gamlin Well #: 9

Field Name: \_\_\_\_\_

Producing Formation: Bartlesville

Elevation: Ground: 943 Kelly Bushing: 0

Total Depth: 580 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: 566  
feet depth to: 0 w/ 80 sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

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: 09/06/2012



1092484

Operator Name: Jackson, Leland dba Lone Jack Oil Co. Lease Name: Gamlin Well #: 9

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>567</td> <td>578</td> </tr> </table>	Name	Top	Datum	Bartlesville	567	578
Name	Top	Datum					
Bartlesville	567	578					

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	566	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:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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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**DIEBOLT LUMBER AND SUPPLY INC.**  
 2661 Nebraska Road  
 La Harpe, Kansas 66751  
 FAX: (620) 496-2226  
 PHONE: (620) 496-2222



CUST NO: 15    JOB NO: 000    PURCHASE ORDER:    REFERENCE:    TERMS: CASH/CHECK/BANKCARD    CLEAR: BS    DATE/TIME: 7/18/12 9:27

TERMINAL: 554

SOLED TO: CASH

SHIP TO: LEBAND JACKSON

SALESPERSON: PS JERRY SMITH  
 TAX: 001 KANSAS TAX

**INVOICE: J39699**

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	LOCATION	UNITS	PRICE/PER	EXTENSION
1		5	BG	94PC	94# TYPE I PORTLAND CEMENT	2	5	10.00 /BG	50.00 *

*Granlin # 9*

\*\* PAID IN FULL \*\*      53.78      TAXABLE      50.00  
 NON-TAXABLE      0.00  
 SUBTOTAL      50.00

CHECK PAYMENT  
 CK# 4751

53.78      TAX AMOUNT      3.78

**TOTAL      53.78**



TOT WT: 470.00

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



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

**Invoice**

Date	Invoice #
7/21/2012	1499

<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	<b>Gamlin Lease</b> 7/20/12, Well #9, circulated 80 sacks of cement to surface, pumped 140 gallons of water behind cement and shut in. Sales Tax	700.00  6.30%	700.00T  44.10
		<b>Total</b>	<b>\$744.10</b>

**PAYLESS CONCRETE PRODUCTS, INC.**

P.O. BOX 664  
 802 N. INDUSTRIAL RD.  
 IOLA, KS 66749

**INVOICE**

Invoice Number: 32197  
 Invoice Date: Jul 20, 2012  
 Page: 1

*Duplicate*

Voice: 620-365-5588

Fax:

**Bill To:**  
 CASH FOR C.O.D.'S  
 802 N. INDUSTRIAL RD.  
 IOLA, KS 66749

**Ship to:**  
 LONEJACK OIL CO.  
 509 E. WALNUT  
 BLUE MOUND, KS 66010

<b>Customer ID</b>	<b>Customer PO</b>	<b>Payment Terms</b>	
CASH/C.O.D.	LONEJACK/#9	C.O.D.	
<b>Sales Rep ID</b>	<b>Shipping Method</b>	<b>Ship Date</b>	<b>Due Date</b>
	TRUCK		7/20/12

Quantity	Item	Description	Unit Price	Amount
80.00	CEMENT/WATER	CEMENT & WATER PER BAG MIX	5.10	408.00
80.00	MH	MIXING & HAULING	2.50	200.00
2.25	TRUCKING	TRUCKING CHARGE	50.00	112.50

Subtotal	720.50
Sales Tax	54.40
Total Invoice Amount	774.90
Payment/Credit Applied	
<b>TOTAL</b>	<b>774.90</b>

Check/Credit Memo No: