



KANSAS CORPORATION COMMISSION 1092488  
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>08/13/2012</u>	<u>08/14/2012</u>	<u>08/15/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-001-30345-00-00

Spot Description: \_\_\_\_\_  
SW NE NE SE Sec. 27 Twp. 23 S. R. 21  East  West  
2303 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 #: 11

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

Producing Formation: Bartlesville

Elevation: Ground: 945 Kelly Bushing: 0

Total Depth: 602 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: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ 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 Garrison Date: 09/06/2012



1092488

Operator Name: Jackson, Leland dba Lone Jack Oil Co. Lease Name: Gamlin Well #: 11

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>602</td> <td>602</td> </tr> </table>	Name	Top	Datum	Bartlesville	602	602
Name	Top	Datum					
Bartlesville	602	602					

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

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			
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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# Avery Lumber

P.O. BOX 66  
 MOUND CITY, KS 66056  
 {913} 795-2210 FAX {913} 795-2194

Customer Copy

## INVOICE

PLEASE REFER TO INVOICE NUMBER  
 ON ALL CORRESPONDENCE

Page: 1		Invoice: <b>20030488</b>	
Special :		Time:	16:17:16
Instructions :		Ship Date:	08/13/12
		Invoice Date:	08/13/12
Sale rep #: MAVERY MIKE	Acct rep code:	Due Date:	08/13/12
Sold To: CASH CUSTOMER - TAXABLE		Ship To: CASH CUSTOMER - TAXABLE	
Customer #: *9	Customer PO:	Order By:	

CASH  
T 17

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
5.00	5.00	L	BAG	CPPC	PORTLAND CEMENT	10.4900 BAG	10.4900	52.45
<p><i>Granite #11</i></p>								

# INVOICE

Check # 4777	56.28	FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$52.45
		SHIP VIA	Customer Pickup				
Total applied:	56.28	RECEIVED COMPLETE AND IN GOOD CONDITION				Taxable	52.45
						Non-taxable	0.00
						Tax #	
						Sales tax	3.83

**TOTAL \$56.28**

2 - Customer Copy



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

**Invoice**

<b>Date</b>	<b>Invoice #</b>
8/20/2012	1516

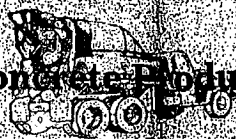
<b>Bill To</b>
Lone Jack Oil 509 E Walnut St Blue Mound, KS 66010

<b>P.O. No.</b>	<b>Terms</b>	<b>Project</b>

Quantity	Description	Rate	Amount
1	<b>Gamlin #11</b> 8/16/12, Well #11, pumped 10 sacks at TD, 600 feet, through 1 inch pipe, pulled up to 400 feet and pumped 10 sacks, pulled up to 200 feet and pumped remaining 40 sacks to surface.	300.00	300.00T
	<b>Sales Tax</b>	6.30%	18.90
		<b>Total</b>	<b>\$318.90</b>

302 N. Industrial Rd  
 P.O. Box 664  
 Iola, Kansas 66749  
 Phone: (620) 366-5588

# Payless Concrete Products, Inc.



**CONDITIONS**  
 Concrete to be delivered to the site under truck & some power. Conditions of sale assumed, no responsibility for delays, badveys, shippers, builders, etc. The maximum allowed time for change will be made for 10% of the water content for strength or curing strength. The maximum allowed time for strength loss which shall be 10% of the water content for curing strength. **NOTICE TO OWNER:** Failure of the contractor to pay for concrete completed under this contract may result in the forfeiture of the concrete which is the subject of this contract.

SOLD TO  
 CASH CUSTOMER

LOB/15  
 HOME/ACK OIL 50L  
 SIZE 6 WALNUT BLEND/ROUND 6600  
 DEL TO HWY 59% W/ 0.00 IN F 2  
 MI TO 4800 N 1/2 INTO WATER/DRUM  
 3 1/2 MI TO 4800 S 1/2 WATER/DRUM

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	YARDS DEL	DRIVER/BUCK	WATER/THIN	SLUMP	PLAN TRANSACTION
08:45:35a	WELL	5.00 yd	8.00 yd	0.00	35	0.00	0.00	ALL CO
DATE	DATE	LOAD	YARDS ORDERED	BATCH	WATER/THIN	SLUMP	TICKET NUMBER	
08-15-12	today	1	5.00 yd	21739	6/yd 0.0	4.00 in	3225	

**WARNING**  
 IRRITATING TO THE SKIN AND EYES

CONCRETE IS A RESPONSIBLE CHEMICAL AND BECOMES THE PROPERTY OF THE PURCHASER UPON LEAVING THE PLANT. ANY CHANGES OR CANCELLATION OF ORIGINAL INSTRUCTIONS MUST BE TELEPHONED TO HEAD OFFICE BEFORE UNLOADING STARTS.  
 The purchaser agrees to pay all costs including reasonable attorney fees, incurred in collecting the full amount.  
 All orders are subject to change of delivery and price without notice at 24 hours in advance.  
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DO NOT BREATHE DUST OR FOG (INSIDE CURB LINE)  
 DO NOT GET ON FACE OR EYES (INSIDE CURB LINE)  
 DO NOT GET ON CLOTHING (INSIDE CURB LINE)  
 DO NOT GET ON SKIN (INSIDE CURB LINE)  
 DO NOT GET ON SHOES (INSIDE CURB LINE)  
 DO NOT GET ON HAIR (INSIDE CURB LINE)  
 DO NOT GET ON EYES (INSIDE CURB LINE)  
 DO NOT GET ON MOUTH (INSIDE CURB LINE)  
 DO NOT GET ON NOSE (INSIDE CURB LINE)  
 DO NOT GET ON THROAT (INSIDE CURB LINE)  
 DO NOT GET ON LUNGS (INSIDE CURB LINE)  
 DO NOT GET ON STOMACH (INSIDE CURB LINE)  
 DO NOT GET ON BLOOD (INSIDE CURB LINE)  
 DO NOT GET ON SPINE (INSIDE CURB LINE)  
 DO NOT GET ON BONES (INSIDE CURB LINE)  
 DO NOT GET ON NERVES (INSIDE CURB LINE)  
 DO NOT GET ON MUSCLES (INSIDE CURB LINE)  
 DO NOT GET ON TENDONS (INSIDE CURB LINE)  
 DO NOT GET ON LIGAMENTS (INSIDE CURB LINE)  
 DO NOT GET ON JOINTS (INSIDE CURB LINE)  
 DO NOT GET ON CELLS (INSIDE CURB LINE)  
 DO NOT GET ON MOLECULES (INSIDE CURB LINE)  
 DO NOT GET ON ATOMS (INSIDE CURB LINE)

Excessive Water is Detrimental to Concrete Performance  
 H<sub>2</sub>O Added By Request/Authorized By  
 \_\_\_\_\_  
 SUPERVISOR  
 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  
 X \_\_\_\_\_

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
5.00	WELL	WELL (10 SACKS PER UNIT)	6.00	30.00
6.00	MIXHAUL	MIXING & HAULING	25.00	150.00
		<i>GAMING well #11</i>		

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION OR UNDERTEST TAKEN	TIME ALLOWED	Subtotal \$
			1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER		606.00
			6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER		Tax % 7.550
					Total \$ 647.75
					Order # 60176
					ADDITIONAL CHARGE 1
					ADDITIONAL CHARGE 2
					<b>GRAND TOTAL</b>

9:00

GRAND TOTAL