



KANSAS CORPORATION COMMISSION 1092486  
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 #:

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
08/07/2012	08/08/2012	08/09/2012

API No. 15 - 15-001-30344-00-00

Spot Description:  
SE NE NE SE Sec. 27 Twp. 23 S. R. 21  East  West  
2303 Feet from  North /  South Line of Section  
175 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW

County: Allen

Lease Name: Gamlin Well #: 10

Field Name:

Producing Formation: Bartlesville

Elevation: Ground: 959 Kelly Bushing: 0

Total Depth: 586 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: 575  
feet depth to: 0 w/ 75 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



1092486

Operator Name: Jackson, Leland dba Lone Jack Oil Co. Lease Name: Gamlin Well #: 10  
 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>576</td> <td>584</td> </tr> </table>	Name	Top	Datum	Bartlesville	576	584
Name	Top	Datum					
Bartlesville	576	584					

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	575	Type II	75	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 (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls. Gas-Oil Ratio Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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 (Specify) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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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>10042902</b>	
Special :		Time:	18:16:38
Instructions :		Ship Date:	08/06/12
		Invoice Date:	08/06/12
Sale rep #: MAVERY MIKE		Acct rep code:	Due Date: 09/05/12
Sold To: LONE JACK OIL CO C/O LELAND JACKSON 510 E. MAIN ST. BLUE MOUND, KS 66010		Ship To: LONE JACK OIL CO 510 E. MAIN ST. BLUE MOUND, KS 66010	
		(913) 756-2307	(913) 756-2307
Customer #: 319625	Customer PO:	Order By:	

paping01

5TH  
T 17

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
5.00	5.00	L	BAG	CPPC	PORTLAND CEMENT	9.4410 BAG	9.4410	47.21

**INVOICE**

Check # 4768	50.66	FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$47.21
		SHIP VIA	Customer Pickup				
Total applied:	50.66	RECEIVED COMPLETE AND IN GOOD CONDITION				Taxable	47.21
						Non-taxable	0.00
						Tax #	
						Sales tax	3.45

**TOTAL \$50.66**

2 - Customer Copy





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

**Invoice**

<b>Date</b>	<b>Invoice #</b>
8/10/2012	1512

<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 Lease</b> 8/9/12, Well #10, circulated 80 sacks of cement to surface, pumped 146 gallons of water behind cement and shut in.	700.00	700.00T
	Sales Tax	6.30%	44.10
		<b>Total</b>	<b>\$744.10</b>

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

# Payless Concrete Products, Inc.



**CONDITIONS**  
 Concrete to be delivered to the nearest accessible point over passable road, under truck's own power. Due to delivery at owner's or intermediary's direction, seller assumes no responsibility for damages in any manner to sidewalks, roadways, driveways, buildings, trees, shrubbery, etc., which are at customer's risk. The maximum allotted time for unloading trucks is 5 minutes per yard. A charge will be made for holding trucks longer. This concrete contains correct water contents for strength or mix indicated. We do not assume responsibility for strength test when water is added at customer's request.

**NOTICE TO OWNER**  
 Failure of this contractor to pay those persons supplying material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

09001  
 09001 CUSTOMER  
 09001 CASH CUSTOMER

108/15  
 LORVACK OIL CO.  
 LORVACK OIL CO.  
 529 E. WYOMING AVE. DENVER, CO 80202  
 TEL: 733-1111  
 108/15  
 108/15  
 108/15

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	YARDS DEL.	BATCH#	DRIVER/TRUCK	PLANT/TRANSACTION #
11:07:40a	WELL	8.000 yd	8.000 yd	8.000 yd	21009	35	01100
DATE	LOAD #	YARDS DEL.	BATCH#	WATER TRIM	SLUMP	TICKET NUMBER	
10-09-12	1	8.000 yd	21009	0/yd	4.00 in	32129	

**WARNING**  
**IRRITATING TO THE SKIN AND EYES**  
 Contains Portland Cement. Wear Rubber Boots and Gloves. PROLONGED CONTACT MAY CAUSE BURNS. Avoid Contact With Eyes and Prolonged Contact With Skin. In Case of Contact With Skin or Eyes, Flush Thoroughly With Water. If Irritation Persists, Get Medical Attention. KEEP CHILDREN AWAY.

CONCRETE IS A PERISHABLE COMMODITY and BECOMES the PROPERTY of the PURCHASER UPON LEAVING the PLANT. ANY CHANGES OR CANCELLATION of ORIGINAL INSTRUCTIONS MUST be TELEPHONED to the OFFICE BEFORE LOADING STARTS.

The undersigned promises to pay all costs, including reasonable attorney's fees, incurred in collecting any sums owed.

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

Not Responsible for Reactive 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 DELIVERY TO BE MADE INSIDE CURB LINE)

Dear Customer: The driver of this truck in presenting this RELEASE to you for your signature is of the opinion that the size and weight of his truck may possibly cause damage to the premises and/or adjacent property if it places the material in this load where you desire it. It is our wish to help you in every way that we can; but in order to do this the driver is requesting that you sign this RELEASE, relieving him and this supplier from any responsibility for any damage that may occur to the premises and/or adjacent property, buildings, sidewalks, driveways, curbs, etc., by the delivery of this material, and that you also agree to help him remove mud from the wheels of his vehicle so that he will not enter the public street. Further, as additional consideration, the undersigned agrees to indemnify and hold harmless the driver of this truck and this supplier for any and all damage to the premises and/or adjacent property which may be claimed by anyone to have arisen out of delivery of this order.

SIGNED: \_\_\_\_\_

X

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

GAL X

WEIGHMASTER: \_\_\_\_\_

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
8.000	WELL	WELL (10 BAKES PER UNIT)	51.000	408.000
2.50	TRUCKING	TRUCKING CHARGE	50.000	125.000
8.000	MIX & HAUL	MIXING & HAULING	25.000	200.000

*9 AM 10*

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED	TIME DUE
			1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER		
			6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER		
LEFT PLANT	ARRIVED JOB	START UNLOADING			
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME			

Sub Total: 733.00  
 Tax @ 7.550: 55.34  
 Total: 788.34  
 Order #: 788.34

ADDITIONAL CHARGE 1: \_\_\_\_\_  
 ADDITIONAL CHARGE 2: \_\_\_\_\_  
 GRAND TOTAL: \_\_\_\_\_