

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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

11/22/12

OPERATOR: License # 6556
Name: Jones, Lee R. dba Lee R. Jones, Jr. Oil Co.
Address 1: 1020 N. Montgomery
Address 2: _____
City: Sedan State: KS Zip: 67361 + _____
Contact Person: Matt Jones
Phone: (620) 725-3636
CONTRACTOR: License # 5831
Name: MOKAT Drilling
Wellsite Geologist: None
Purchaser: Coffeyville Resources

API No. 15 - 019-27014-00-00
Spot Description: _____
NW NE SW NW Sec. 34 Twp. 34 S. R. 10 East West
3,795 Feet from North / South Line of Section
4,414 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Chautauqua
Lease Name: Edwards Well #: J&M #2
Field Name: Elgin Oil & Gas
Producing Formation: Wayside Sandstone
Elevation: Ground: 991 Kelly Bushing: _____
Total Depth: 1540 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: 1523
feet depth to: surface w/ 160 sx cmt.

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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 #: _____
9-20-10 9-23-10 9-28-10
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____ **RECEIVED**
Location of fluid disposal if hauled offsite: **NOV 22 2010**
Operator Name: _____
Lease Name: _____ License #: **KCC WICHITA**
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.
Signature: [Signature]
Title: Bookkeeper Date: 11-18-10

KCC Office Use ONLY
 Letter of Confidentiality Received
Date: 11/22/10 - 11/22/12
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: [Signature] Date: 12-3-10

Operator Name: Jones, Lee R. dba Lee R. Jones, Jr. Oil Co. Lease Name: Edwards Well #: J&M #2
 Sec. 34 Twp. 34 S. R. 10 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 Wireline 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray/Cement Bond/CCL/VDL	<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>Lenapah Limestone</td> <td>1432</td> <td></td> </tr> <tr> <td>Wayside Sandstone</td> <td>1441</td> <td></td> </tr> <tr> <td>Altamont Limestone</td> <td>1498</td> <td></td> </tr> </table>	Name	Top	Datum	Lenapah Limestone	1432		Wayside Sandstone	1441		Altamont Limestone	1498	
Name	Top	Datum											
Lenapah Limestone	1432												
Wayside Sandstone	1441												
Altamont Limestone	1498												

CASING RECORD <input 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	11"	8 5/8"		40'	Portland "A"	8	None
Production	6 3/4"	4 1/2"	10.5#	1523'	Thick Set	160	See Cementing Ticket

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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
1.5	1449-1461	200 gal. 15% HCL Acid, 600# 12/20 frac sand,	1449-1461
		9500# 20/40 frac sand	

TUBING RECORD: Size: <u>2 3/8"</u> Set At: <u>1465'</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>9-28-10</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
Estimated Production Per 24 Hours	Oil Bbls. <u>5</u>	Gas Mcf <u>trace</u> Water Bbls. <u>10</u> Gas-Oil Ratio _____ Gravity <u>36</u>

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) (Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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ACKARMAN HARDWARE and LUMBER CO
160 EAST MAIN STREET
SEDAN, KS 67361

PAGE NO 1

PHONE: (620) 725-3103

THANKS FOR YOUR BUSINESS!!

Cust No 253636	Job No	Purchase Order	Reference EDWARDS #2	Terms NET 10TH	Clerk SC	Date 9/20/10	Time 8:20
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Sold To:
 JONES & BOCK DEVELOPMENT
 P. O. BOX 68
 SEDAN KS 67361

Ship To:

DOC# 191733
 TERM#552
 DUPLICATS
 * INVOICE *

TAX : 001 KANSAS SALES TAX

LN#	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/PER	EXTENSION
1			EA	RM44816	PORTLAND CEMENT 92.6#		8	10.95 /EA	87.60 *

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** AMOUNT CHARGED TO STORE ACCOUNT **

(JOHN CORNSTUBBLE)

96.18 TAXABLE 87.60
 NON-TAXABLE 0.00
 SUBTOTAL 87.60

TAX AMOUNT 8.58
 TOTAL AMOUNT 96.18

RECEIVED
NOV 22 2010
KCC WICHITA

X

Received By



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 236800

Invoice Date: 09/27/2010 Terms: 10/10,n/30

Page 1

J. B. D. & P. J. BUCK
P.O. BOX 68
SEDAN KS 67361
(620) 725-3636

EDWARDS, J&M #2
29259
09/23/10
34-348-10E

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Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	160.00	17.0000	2720.00
1107A	PHENOSEAL (M) 40# BAG)	80.00	1.1500	92.00
1110A	KOL SEAL (50# BAG)	800.00	.4200	336.00
1118B	PREMIUM GEL / BENTONITE	150.00	.2000	30.00
1123	CITY WATER	4200.00	.0149	62.58
4404	4 1/2" RUBBER PLUG	1.00	45.0000	45.00

Description	Hours	Unit Price	Total
T-87 WATER TRANSPORT (CEMENT)	3.00	112.00	336.00
486 MIN. BULK DELIVERY	1.00	315.00	315.00
492 CEMENT PUMP	1.00	925.00	925.00
492 EQUIPMENT MILEAGE (ONE WAY)	50.00	3.65	182.50
492 CASING FOOTAGE	1523.00	.20	304.60

RECEIVED
NOV 22 2010

KCC WICHITA

Amount Due 5059.25 if paid before 10/07/2010

Parts:	3285.58	Freight:	.00	Tax:	272.71	AR	5621.39
Labor:	.00	Misc:	.00	Total:	5621.39		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

MCALISTER, OK
918/426-7667

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLDWIDE, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

#236800 KCC
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TICKET NUMBER 29259
LOCATION Banksville
FOREMAN Jason Bell

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-23-10	4291	Edwards Jam #2	34	34S	10E	CO
CUSTOMER <u>Jason Bell, JSD</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			492	TIM		
CITY			486	Jason		
STATE			508 787	Take		
ZIP CODE						

JOB TYPE L.S. HOLE SIZE 6 3/4 HOLE DEPTH 1540 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 1523 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.7 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 23.5 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Ran 3 sks of gel established circulation. Ran 160 sks thick set cement. Shut down, washed lines out. Displaced and set plug released and plug held.

- Cement circulated to surface -

** Safety Meeting **
Jason Bell

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925.00
5406	50	MILEAGE		182.50
5407	1	hulk truck		315.00
5402	1523	footage		304.60
5501c	3 hrs	transport		336.00
1126A	160 sks	thick set	+	2720.00
1107A	80 #	Pheno	+	92.00
1110A	800 #	Kolsoul	+	336.00
1118b	150 #	fuel	+	30.00
1123	4200 gal	City Water	+	62.58
4404	1	4 1/2 Rubber Plug	x	45.00
				RECEIVED
				NOV 22 2010
				KCC WICHITA
				8.3 % SALES TAX
				ESTIMATED TOTAL
				272.71
				5621.39

10% discount if paid in 30 days = 562.14

5059.25

Rev'n 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.