

## CONFIDENTIAL

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1105316

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 # 31302  Name: Jones & Buck Development, LLC  Address 1: PO BOX 68			API No. 15 - 15-019-27261-00-00  Spot Description:  SE_NW_SE_NE_Sec. 36 Twp. 33 S. R. 10 Feast West						
					Address 2:			3624Feet from North /   South Line of Se	ection
					City: SEDAN SI		·	755 Feet from ▼ East / West Line of Se	
Contact Person: P J Buck			Footages Calculated from Nearest Outside Section Corner:						
Phone: ( 620 ) 725-3636			□NE □NW ✓SE □SW						
CONTRACTOR: License # 583			County: Chautauqua						
Name: M.O.K.A.T.			Lease Name: Thompson Well #: JBD 36-12	2					
Wellsite Geologist: none			Field Name:						
Purchaser:			Producing Formation: Wayside						
Designate Type of Completion:			Elevation: Ground: 907 Kelly Bushing: 909						
✓ New Well Re-Entry Workover			Total Depth: 1414 Plug Back Total Depth:						
✓ oil wsw	SWD	SIOW	Amount of Surface Pipe Set and Cemented at: 42						
Gas D&A	ENHR	SIGW	Multiple Stage Cementing Collar Used? ☐ Yes ✔ No						
OG	GSW	Temp. Abd.	If yes, show depth set:	Feet					
CM (Coal Bed Methane)		•	If Alternate II completion, cement circulated from: 1371						
Cathodic Other (Core. Expl., etc.):			feet depth to: 0 w/ 150 s	ev emt					
If Workover/Re-entry: Old Well In	fo as follows:		W. W.						
Operator:				***************************************					
Well Name:			Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)						
Original Comp. Date:	Original Tota	al Depth:	Chloride content: 0 ppm Fluid volume: 0	<b>L</b>					
Deepening Re-peri	. Conv. to E	NHR Conv. to SWD							
	Conv. to C	SSW	Dewatering method used: Evaporated						
Plug Back: Plug Back Total Depth		Back Total Depth	Location of fluid disposal if hauled offsite:						
Commingled	Permit #:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Operator Name:						
Dual Completion			Lease Name: License #:						
SWD			Quarter Sec TwpS. R East						
ENHR		hodol - May-19-pe - 19 19-pe - 19-	County: Permit #:						
GSW			County.						
11/16/2012 11/20/		11/28/2012							
Spud Date or Date Reached TD Recompletion Date		Completion Date or Recompletion Date	1 						

## **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
1	Letter of Confidentiality Received  Date: 12/19/2012
	Confidential Release Date:
✓	Wireline Log Received
	Geologist Report Received
AL	UIC Distribution  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □