

KANSAS CORPORATION COMMISSION 1106390
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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
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 #: _____

10/08/2012 10/09/2012 10/10/2012

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-003-25566-00-00

Spot Description: _____

NE SE NW NW Sec. 9 Twp. 23 S. R. 21 ☒ East ☐ West

725 Feet from ☒ North / ☐ South Line of Section

1295 Feet from ☐ East / ☒ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☒ NW ☐ SE ☐ SW

County: Anderson

Lease Name: John Whitcomb Well #: IJ-2

Field Name: _____

Producing Formation: Bartlesville

Elevation: Ground: 1058 Kelly Bushing: 0

Total Depth: 739 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: 723

feet depth to: 0 w/ 90 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: 01/08/2013

1106390

Operator Name: Jackson, Leland dba Lone Jack Oil Co. Lease Name: John Whitcomb Well #: IJ-2
 Sec. 9 Twp. 23 S. R. 21 ☒ East ☐ West County: Anderson

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 ☐ Yes ☒ No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey ☐ Yes ☒ No Cores Taken ☐ Yes ☒ No Electric Log Run ☐ Yes ☒ No Electric Log Submitted Electronically ☐ Yes ☐ No <i>(If no, Submit Copy)</i> List All E. Logs Run:	☐ Log Formation (Top), Depth and Datum ☐ Sample <table style="width: 100%;"> <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>724</td> <td>739</td> </tr> </table>	Name	Top	Datum	Bartlesville	724	739
Name	Top	Datum					
Bartlesville	724	739					

CASING RECORD ☐ New ☒ 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	723	Type II	90	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 (Amount and Kind of Material Used)	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

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> ☐ Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**2661 Nebraska Road
La Harpe, Kansas 66751
FAX: (620) 496-2226
PHONE: (620) 496-2222**

TERMINAL: 554

913-756-2307

SALESPERSON: CL CORLISS LYNES
TAX: 001 KANSAS TAX

INVOICE: J54281

LINE	QUANTITY SHIPPED	QUANTITY ORDERED	UNIT	SKU	DESCRIPTION	LOCATION	UNITS	PRICE	EXTENSION
1	5	5	BG	94PC	94# TYPE I PORTLAND CEMENT WHITCOMB IS-2	2	5	10.00 /BG	50.00 *

PAID IN FULL

53.78

TAXABLE	50.00
NON-TAXABLE	0.00
SUBTOTAL	50.00

CHECK PAYMENT
CK# 4851

53.78

TAX AMOUNT	3.78
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TOTAL	53.78
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TOT WT: 470.00

X

Received By _____

1-913-756-2307 1-620-363-0492

Lease: John Whitcomb Operator: Lone Jack Oil API # 15-003-25566-00-00
Contractor: Lone Jack Oil Company Date Started: 10/8/12 Date Completed: 10/10/12
Total Depth: 739 feet Well # IJ-2 Hole Size: 5 5/8
Surface Pipe: 20' 7" Surface Bit: 9 7/8 Sacks of Cement: 5
Depth of Seat Nipple: _____ Rag Packer At: _____
Length and Size of Casing: 724' 2 7/8 Sacks of Cement: 90
Legal Description: NE SE NW NW Sec: 9 Twp: 23 Range: 21 County: Anderson

[illegible]

PAYLESS CONCRETE PRODUCTS, INC.

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

Voice: 620-365-5588

Fax:

INVOICE

Invoice Number: 32769

Invoice Date: Oct 10, 2012

Page: 1

Duplicate

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

Customer ID	Customer PO	Payment Terms	
CASH/C.O.D.	LONEJACK/WHITCOMB	C.O.D.	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	TRUCK		10/10/12

Quantity	Item	Description	Unit Price	Amount
90.00	CEMENT/WATER	CEMENT & WATER PER BAG MIX	5.10	459.00
90.00	MH	MIXING & HAULING	2.50	225.00
2.00	TRUCKING	TRUCKING CHARGE	50.00	100.00
Subtotal				784.00
Sales Tax				61.15
Total Invoice Amount				845.15
Payment/Credit Applied				
TOTAL				845.15

Check/Credit Memo No:

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

Invoice

Date	Invoice #
10/15/2012	1555

Bill To

Lone Jack Oil
509 E Walnut St
Blue Mound, KS 66010

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	John Whitcomb 10/10/12, Well LJ-2, circulated 90sacks of cement to surface, pumped 184 gallons of water and shut in. Sales Tax	700.00 6.30%	700.00T 44.10
		Total	\$744.10