



KANSAS CORPORATION COMMISSION 1108856  
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 # 32073  
Name: Thompson, Jerome A. dba Thompson Oil Co  
Address 1: 2260 N Dakota Rd  
Address 2: \_\_\_\_\_  
City: IOLA State: KS Zip: 66749 + \_\_\_\_\_  
Contact Person: jerry thompson  
Phone: (620) 365-5256  
CONTRACTOR: License # 33977  
Name: E K Energy LLC  
Wellsite Geologist: n/a  
Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well     Re-Entry     Workover
- Oil     WSW     SWD     SLOW
- 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>10/16/2012</u>	<u>10/18/2012</u>	<u>10/18/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-001-30537-00-00  
Spot Description: \_\_\_\_\_  
SE SW SE NW Sec. 15 Twp. 24 S. R. 18  East  West  
2825 Feet from  North /  South Line of Section  
3345 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Allen  
Lease Name: Monfort Well #: 28  
Field Name: \_\_\_\_\_  
Producing Formation: bartlesville  
Elevation: Ground: 958 Kelly Bushing: 962  
Total Depth: 883 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: 1000 ppm Fluid volume: 8 bbls  
Dewatering method used: Evaporated  
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: 01/30/2013



1108856

Operator Name: Thompson, Jerome A. dba Thompson Oil Co Lease Name: Monfort Well #: 28  
 Sec. 15 Twp. 24 S. R. 18  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: none;"> <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>849</td> <td>sand</td> </tr> </table>	Name	Top	Datum	bartlesville	849	sand
Name	Top	Datum					
bartlesville	849	sand					

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	12.250	8.625	22	20.2	portland	6	
production	6.75	4.5	10.5	847.4	portland	95	

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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**PAYLESS CONCRETE PRODUCTS, INC.**

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

**INVOICE**

Invoice Number: 32836-37,66,86,32901  
Invoice Date: Oct 23, 2012  
Page: 1  
Duplicate

Voice: 620-365-5588  
Fax:

**Bill To:**

CASH FOR C.O.D.'S  
802 N. INDUSTRIAL RD.  
IOLA, KS 66749

**Ship to:**

JEROME THOMPSON  
2260 N. DAKOTA RD.  
IOLA, KS 66749

Customer ID		Customer PO		Payment Terms	
CASH/C.O.D.		THOMPSON/MONFORT27-30		C.O.D.	
Sales Rep ID		Shipping Method		Ship Date	Due Date
		TRUCK			10/23/12
Quantity	Item	Description	Unit Price	Amount	
95.00	CEMENT/WATER	CEMENT & WATER PER BAG MIX 10/16/12 TICKET#32836	5.10	484.50	
95.00	MH	MIXING & HAULING 10/16/12 TICKET#32836	2.50	237.50	
1.75	TRUCKING	TRUCKING CHARGE 10/16/12 TICKET#32836	50.00	87.50	
50.00	CEMENT/WATER	CEMENT & WATER PER BAG MIX 10/16/12 TICKET#32837	5.10	255.00	
50.00	MH	MIXING & HAULING 10/16/12 TICKET#32837	2.50	125.00	
#18 — 95.00	CEMENT/WATER	CEMENT & WATER PER BAG MIX 10/18/12 TICKET#32866	5.10	484.50	
95.00	MH	MIXING & HAULING 10/18/12 TICKET#32866	2.50	237.50	
1.00	TRUCKING	TRUCKING CHARGE 10/18/12 TICKET#32866	50.00	50.00	
#19 — 95.00	CEMENT/WATER	CEMENT & WATER PER BAG MIX 10/20/12 TICKET#32886	5.10	484.50	
95.00	MH	MIXING & HAULING 10/18/12 TICKET#32886	2.50	237.50	
1.00	TRUCKING	TRUCKING CHARGE 10/18/12	50.00	50.00	
Subtotal				Continued	
Sales Tax				Continued	
Total Invoice Amount				Continued	
Payment/Credit Applied					
<b>TOTAL</b>				<b>Continued</b>	

Check/Credit Memo No: