



KANSAS CORPORATION COMMISSION 1108858
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 #: _____
10/20/2012 10/22/2012 10/22/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-001-30539-00-00
Spot Description: _____
NW SE SE NW Sec. 15 Twp. 24 S. R. 18 East West
3265 Feet from North / South Line of Section
3125 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: Monfort Well #: 30
Field Name: _____
Producing Formation: bartlesville
Elevation: Ground: 956 Kelly Bushing: 960
Total Depth: 889 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 22 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



1108858

Operator Name: Thompson, Jerome A. dba Thompson Oil Co Lease Name: Monfort Well #: 30
Sec. 15 Twp. 24 S. R. 18 [X] 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 Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken [] Yes [X] No
Samples Sent to Geological Survey [] Yes [X] No
Cores Taken [] Yes [X] No
Electric Log Run [] Yes [X] No
Electric Log Submitted Electronically [] Yes [] No
List All E. Logs Run:
[] Log Formation (Top), Depth and Datum [] Sample
Name bartlesville Top 857 Datum sand

CASING RECORD [] New [X] Used
Report all strings set-conductor, surface, intermediate, production, etc.
Table with columns: 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

ADDITIONAL CEMENTING / SQUEEZE RECORD
Table with columns: Purpose (Perforate, Protect Casing, Plug Back TD, Plug Off Zone), Depth Top Bottom, Type of Cement, # Sacks Used, Type and Percent Additives

PERFORATION RECORD - Bridge Plugs Set/Type
Specify Footage of Each Interval Perforated
Table with columns: 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 (If vented, Submit ACO-18.)
METHOD OF COMPLETION: [] Open Hole [] Perf. [] Dually Comp. (Submit ACO-5) [] Commingled (Submit ACO-4) [] Other (Specify)
PRODUCTION INTERVAL:

PAYLESS CONCRETE PRODUCTS, INC.

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

Invoice Number: 32836-37,66,86,32901

Invoice Date: Oct 23, 2012

Page: 2

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

CASH/C.O.D.

Sales Rep ID

Customer PO

THOMPSON/MONFORT27-30

Shipping Method

TRUCK

Payment Terms

C.O.D.

Ship Date

Due Date

10/23/12

Quantity	Item	Description	Unit Price	Amount
30 - 110.00	CEMENT/WATER	TICKET#32886 CEMENT & WATER PER BAG MIX 10/23/12 TICKET#32901	5.10	561.00
110.00	MH	MIXING & HAULING 10/18/12 TICKET#32901	2.50	275.00
1.00	TRUCKING	TRUCKING CHARGE 10/18/12 TICKET#32901	50.00	50.00

PAID 10-26-2012
 CK# 2326
 394763.94
 520/lls

Subtotal	3,619.50
Sales Tax	273.28
Total Invoice Amount	3,892.78
Payment/Credit Applied	
TOTAL	3,892.78

Check/Credit Memo No:

\$ 4763.94