



KANSAS CORPORATION COMMISSION 1108837
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 #: _____
10/13/2012 10/16/2012 10/16/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-001-30536-00-00
Spot Description: _____
SE NW NE SW Sec. 15 Twp. 24 S. R. 18 East West
3265 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 #: 27
Field Name: _____
Producing Formation: bartlesville
Elevation: Ground: 958 Kelly Bushing: 962
Total Depth: 885 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 21 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 848
feet depth to: 0 w/ 95 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



1108837

Operator Name: Thompson, Jerome A. dba Thompson Oil Co Lease Name: Monfort Well #: 27
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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	bartlesville	850	oil sand
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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	21	portland	6	
production	6.75	4.5	10.5	848	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 <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input 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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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: 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
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
#27 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
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
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	
TOTAL	Continued

Check/Credit Memo No:

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

Invoice

Date	Invoice #
10/21/2012	1558

Bill To

**Jerry Thompson
 Thompson Oil
 2260 North Dakota Rd.
 Iola, KS 66749**

P.O. No.	Terms	Project
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Quantity	Description	Rate	Amount
	Monfort Lease		
1	10/16/12, Well #27, circulated 100 sacks of cement to surface, pumped 590 gallons of water behind cement and shut in.	700.00	700.00T
	Sales Tax	7.55%	52.85

Thank you for your business.

Total	\$752.85
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