



KANSAS CORPORATION COMMISSION 1057168  
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 # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

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 #: \_\_\_\_\_

Spud Date or  
Recompletion Date

Date Reached TD

Completion Date or  
Recompletion Date

API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ 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: \_\_\_\_\_ 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: \_\_\_\_\_ Date: \_\_\_\_\_



1057168

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**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 type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input 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  Name Top Datum
---	---

CASING RECORD <input type="checkbox"/> New <input 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

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

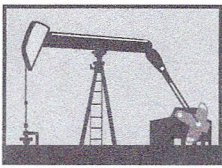
TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

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: <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)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
---	--	--





Dale Jackson Production Co.  
 Box 266, Mound City, Ks 66056  
 Cell # 620-363-2683  
 Office # 913-795-2991

Well #: C-15
Location: <del>N2,N2</del> NE-NW, NE-SE-S5-T20-R23E
County: LINN
FSL: 2325 2333
FEL: 660 702
API#: 15-107-24362-00-00
Started 5-10-11
Completed: 5-12-11

Lease :	NORTH EAST BAKER
Owner:	BOBCAT OILFIELD SERVICES INC.
OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339

# Core Run #1

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	251			OIL SAND (SHALEY )(GOOD BLEED)	252
1	252		1		
2	253		1	OIL SAND (SOME SHALE) (GOOD BLEED)	258
3	254		1		
4	255		1		
5	256		1		
6	257		2		
7	258		1.5		
8	259		3		
9	260		1.5		
10	261		1.5		
11	262		1		
			1.5		
12	263		1.5		
13	264		2		
14	265		2	OIL SAND (VERY SHALEY )(FAIR BLEED)	266.5
15	266		2.5		
16	267		4	SANDY SHALE (SOME OIL SAND STREAKS )(POOR BLEED)	
17	268		3.5		
18	269		4		
19	270		5		
20	271				

# Avery Lumber

P.O. BOX 66  
MOUND CITY, KS 66056  
(913) 795-2210 FAX (913) 795-2194

Merchant Copy  
**INVOICE**  
THIS COPY MUST REMAIN AT  
MERCHANT AT ALL TIMES!

Page: 1		Invoice: <b>10030661</b>	
Special :		Time:	10:18:53
Instructions :		Ship Date:	05/02/11
		Invoice Date:	05/06/11
Sale rep #:	SCOLEMAN STEVE	Acct rep code:	Due Date: 06/05/11
Sold To: <b>BOBCAT OILFIELD SRVC,INC</b>		Ship To: <b>BOBCAT OILFIELD SRVC,INC</b>	
C/O BOB EBERHART		(913) 837-2823	
30805 COLDWATER RD		(913) 837-2823	
LOUISBURG, KS 66053			
Customer #:	3570021	Customer PO:	Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
280.00	280.00	L	BAG	CPPC	PORTLAND CEMENT	8.2900 BAG	8.2900	2321.20
240.00	240.00	L	BAG	CPPM	POST SET FLY ASH 75#	5.1000 BAG	5.1000	1224.00
14.00	14.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00
DIRECT DELIVERY ORDERED BY TERRY FRIDAY THE 6TH, 1ST THING								

OK RE  
 NE Baker  
 C-15  
 5-12-11

MOUND CITY

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">FILLED BY</td> <td style="width: 25%;">CHECKED BY</td> <td style="width: 25%;">DATE SHIPPED</td> <td style="width: 25%;">DRIVER</td> </tr> <tr> <td colspan="4" style="text-align: center;">SHIP VIA LINN COUNTY</td> </tr> <tr> <td colspan="4" style="text-align: center;">RECEIVED COMPLETE AND IN GOOD CONDITION</td> </tr> <tr> <td colspan="4" style="text-align: center;"><b>X</b></td> </tr> </table>	FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	SHIP VIA LINN COUNTY				RECEIVED COMPLETE AND IN GOOD CONDITION				<b>X</b>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Sales total</td> <td style="text-align: right;">\$3783.20</td> </tr> <tr> <td>Taxable</td> <td style="text-align: right;">3783.20</td> <td></td> </tr> <tr> <td>Non-taxable</td> <td style="text-align: right;">0.00</td> <td></td> </tr> <tr> <td>Sales tax</td> <td></td> <td style="text-align: right;">238.34</td> </tr> <tr> <td colspan="2"><b>TOTAL</b></td> <td style="text-align: right;"><b>\$4021.54</b></td> </tr> </table>	Sales total		\$3783.20	Taxable	3783.20		Non-taxable	0.00		Sales tax		238.34	<b>TOTAL</b>		<b>\$4021.54</b>
FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER																													
SHIP VIA LINN COUNTY																																
RECEIVED COMPLETE AND IN GOOD CONDITION																																
<b>X</b>																																
Sales total		\$3783.20																														
Taxable	3783.20																															
Non-taxable	0.00																															
Sales tax		238.34																														
<b>TOTAL</b>		<b>\$4021.54</b>																														

1 - Merchant Copy

