



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1067280

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:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> New Well | <input type="checkbox"/> Re-Entry | <input type="checkbox"/> Workover |
| <input type="checkbox"/> Oil | <input type="checkbox"/> WSW | <input type="checkbox"/> SWD |
| <input type="checkbox"/> Gas | <input type="checkbox"/> D&A | <input type="checkbox"/> ENHR |
| <input type="checkbox"/> OG | <input type="checkbox"/> GSW | <input type="checkbox"/> Temp. Abd. |
| <input type="checkbox"/> CM (Coal Bed Methane) | | |
| <input type="checkbox"/> Cathodic | <input type="checkbox"/> Other (Core, Expl., etc.): _____ | |

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- | | | | |
|---|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Deepening | <input type="checkbox"/> Re-perf. | <input type="checkbox"/> Conv. to ENHR | <input type="checkbox"/> Conv. to SWD |
| | | <input type="checkbox"/> Conv. to GSW | |
| <input type="checkbox"/> Plug Back: _____ | Plug Back Total Depth | | |
| <input type="checkbox"/> Commingled | Permit #: _____ | | |
| <input type="checkbox"/> Dual Completion | Permit #: _____ | | |
| <input type="checkbox"/> SWD | Permit #: _____ | | |
| <input type="checkbox"/> ENHR | Permit #: _____ | | |
| <input type="checkbox"/> 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: _____



1067280

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: | <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Name Top Datum </div> |
|--|--|

| 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: <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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Commingled <i>(Submit ACO-4)</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 #: K-6 |
| Location: <u>NE</u> NW, SE, SW, S:5, T:20, S.R.:23, E |
| County: LINN |
| FSL: 990 <u>1000</u> |
| FEL: 3630 <u>3618</u> |
| API#: 15-107-24415-00-00 |
| Started: 8-3-11 |
| Completed: 8-4-11 |

Core Run #1

| | |
|-------------|-------------------------------|
| Lease : | S. BAKER |
| Owner: | BOBCAT OILFIELD SERVICES INC. |
| OPR #: | 3895 |
| Contractor: | DALE JACKSON PRODUCTION CO. |
| OPR #: | 4339 |

| FT | Depth | Clock | Time | Formation/Remarks | Depth |
|----|-------|-------|-------|---|-------|
| 0 | 252 | | ----- | OIL SAND (LIMEY) (FAIR BLEED) | 254 |
| 1 | 253 | | 2 | | |
| 2 | 254 | | 1 | | |
| 3 | 255 | | 1 | OIL SAND (SHALEY) (FAIR BLEED) | 256.5 |
| 4 | 256 | | 1.5 | | |
| 5 | 257 | | 1 | | |
| 6 | 258 | | 0.5 | OIL SAND (SOME SHALE) (GOOD BLEED) | 265 |
| 7 | 259 | | 1 | | |
| 8 | 260 | | 0.5 | | |
| 9 | 261 | | 1 | | |
| 10 | 262 | | 1 | | |
| 11 | 263 | | 0.5 | | |
| 12 | 264 | | 1 | | |
| 13 | 265 | | 2 | | |
| 14 | 266 | | 5 | | |
| 15 | 267 | | 4 | LIME (SOME OIL SAND STRKS) (POOR BLEED) | 267 |
| 16 | 268 | | 7 | OIL SAND (LIMEY) (GOOD BLEED) | 265 |
| 17 | 269 | | 4 | LIME (SOME OIL SAND STRKS) (POOR BLEED) | 270.5 |
| 18 | 270 | | 8.5 | | |
| 19 | 271 | | 5.5 | OIL SAND (LIMEY) (FAIR BLEED) | 271 |
| 20 | 272 | | 5 | LIME (SOME OIL SAND STRKS) (POOR BLEED) | |
| | | | | | |
| | | | | | |

Avery Lumber

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

Customer Copy

INVOICE

PLEASE REFER TO INVOICE NUMBER
ON ALL CORRESPONDENCE

Page: 1

Invoice: 10033034

Special :
Instructions :

Time: 15:12:48
Ship Date: 07/26/11

Sale rep #: SCOLEMAN STEVE

Acct rep code:

Invoice Date: 07/28/11
Due Date: 09/05/11

Sold To: BOBCAT OILFIELD SRVC, INC
C/O BOB EBERHART
30805 COLDWATER RD
LOUISBURG, KS 66053

Ship To: BOBCAT OILFIELD SRVC, INC
(913) 837-2823
(913) 837-2823

Customer #: 3570021

Customer PO:

Order By:

popimg01

5TH
T 23

| ORDER | SHIP | L | U/M | ITEM# | DESCRIPTION | Alt Price/Uom | PRICE | EXTENSION |
|--------|--------|---|-----|-------|----------------------|---------------|---------|-----------|
| 315.00 | 315.00 | L | BAG | CPPC | PORTLAND CEMENT | 8.2900 BAG | 8.2900 | 2611.35 |
| 200.00 | 200.00 | L | BAG | CPPM | POST SET FLY ASH 75# | 5.1000 BAG | 5.1000 | 1020.00 |
| 14.00 | 14.00 | L | EA | CPQP | QUIKRETE PALLETS | 17.0000 EA | 17.0000 | 238.00 |

South Baker
K-6
8411

DIRECT DELIVER
PHONE ORDER BY TERRY

913 837 4155

| | | | | | |
|---|------------|--------------|--------|-------------|-----------|
| FILLED BY | CHECKED BY | DATE SHIPPED | DRIVER | Sales total | \$3869.35 |
| SHIP VIA LINN COUNTY | | | | Taxable | 3869.35 |
| RECEIVED COMPLETE AND IN GOOD CONDITION | | | | Non-taxable | 0.00 |
| X | | | | Sales tax | 243.77 |

TOTAL \$4113.12

2 - Customer Copy

