



KANSAS CORPORATION COMMISSION 1084580  
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: \_\_\_\_\_



1084580

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
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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
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<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 <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Lease:	Schendel	
Owner:	Bobcat Oilfield Services, Inc.	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface:	Cemented:	Hole Size:
20' 6"	5	8 3/4
Longstring	Cemented:	Hole Size:
687' 2 7/8	85 sacks	5 5/8
8 rnd		

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

Well #: 11-12
Location: SW-NW-SE-NW S24 T16 R21E
County: Miami
FSL: 3490
FEL: 3780
API#: 15-121-29092-00-00
Started: 6/1/12
Completed: 6/4/12

SN: NONE	Packer:	TD: 695'
Plugged:	Bottom Plug:	

## Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil	3	625	Lime
5	7	Clay	7	632	Shale
12	19	Lime	1	633	Lime
8	27	Shale	8	641	Shale
18	45	Lime	1	642	Lime
6	51	Shale	4	646	Shale
3	54	Red Bed	1	647	Sandy Shale (Oil Sand Streak)
18	72	Sandy Shale	3	650	Oil Sand (Shaley) (Fair Bleed) (Some Water)
17	89	Lime	1	651	Lime
88	177	Shale	1	652	Sand (Water)
19	196	Lime	4.8	656.8	Oil Sand (Poor Bleed) (Some Water)
7	203	Shale	.7	657.5	Oil Sand (Very Shaley) (Poor Bleed) (Some Water)
11	214	Sand (Dry)	1.1	658.6	Shale
14	228	Shale	3.4	662	Oil Sand (Fair Bleed) (Some Water) (Some Shale)
7	235	Lime	2	664	Oil Sand (Shaley) (Poor Bleed)
18	253	Shale	3	667	Sandy Shale (Oil Sand Streak) (Poor Bleed)
10	263	Sand (Dry)	6	673	Sand Shale
5	268	Shale	TD	695	Shale
7	275	Lime			
4	279	Shale			
3	282	Lime			
15	297	Shale			
9	306	Lime			
2	308	Shale			
14	322	Lime			
3	325	Black Shale			
5	330	Shale			Surface 6-1-12 Set Time 2:30pm Called 11:30am Allen
22	352	Lime			Longstring 687' 2 7/8 pipe TD 695
5	357	Black Shale			Set Time 12:30am 6-5-12 Called 11:00am Becky
13	370	Lime			
164	534	Shale			
8	542	Lime			
27	569	Shale			
5	574	Lime			
2	576	Shale			
1	577	Sandy Shale (Oil Sand Streak)			
16	593	Shale			
3	596	Lime			
9	603	Black Shale			
12	615	Lime			
7	622	Shale			



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API#: 15-121-29092-00-00
Started: 6/1/12
Completed: 6/4/12

# Core Run #1

Lease :	Schandel
Owner:	Bobcat Oilfield Services, Inc.
OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	647	0:00	0	Oil Sand (Shaley) (Fair Bleed) (Some Water) Water Saturation at (648.1 - 648.6) (649.2 - 649.3) (649.7 - 649.8)	650.3'
1	648	4:00	4		
2	649	9:00	5		
3	650	13:00	4		
4	651	19:30	6.5	Lime	651'
5	652	27:30	8	Sand (Water)	652'
6	653	32:30	5	Oil Sand (Poor Bleed) (Some Water)	656.8'
7	654	35:00	2.5		
8	655	38:00	3		
9	656	41:00	3		
10	657	44:00	3	Oil Sand (Very Shaley) (Poor Bleed) (Some Water)	657.5'
11	658	49:00	5	Shale	658.6'
12	659	53:30	4.5	Oil Sand (Fair Bleed) (Some Shale) (Some Water)	
13	660	60:00	6.5		
14					
15					
16					
17					
18					
19					
20					

*Copy*

**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>10041206</b>
Special : Instructions :	Time: 10:09:15 Ship Date: 05/30/12 Invoice Date: 06/01/12 Due Date: 07/05/12
Sale rep #: MAVERY MIKE	Acct rep code:
Sold To: <b>BOBCAT OILFIELD SRVC, INC</b> C/O BOB EBERHART 30805 COLDWATER RD LOUISBURG, KS 66053	Ship To: <b>BOBCAT OILFIELD SRVC, INC</b> (913) 837-2823  (913) 837-2823
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	8.8900 BAG	8.8900	2489.20
240.00	240.00	L	BAG	CPPM	POST SET FLY ASH 75#	5.7900 BAG	5.7900	1389.60
14.00	14.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00

*Schandel  
11-12  
6-4-12*

*Direct Delivery*

# INVOICE

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$4116.80
SHIP VIA MIAMI COUNTY				Freight	100.00
RECEIVED COMPLETE AND IN GOOD CONDITION				Taxable	4216.80
X				Non-taxable	0.00
				Tax #	
				Misc + Frgt	100.00
				Sales tax	318.37

**TOTAL \$4535.17**

1 - Merchant Copy

