



KANSAS CORPORATION COMMISSION 1094670  
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: \_\_\_\_\_



1094670

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	---	--

Lease:	Cayot	
Owner:	Bobcat Oilfield Services, Inc.	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface: 20' 6"	Cemented: 5	Hole Size: 8 3/4
Longstring 700' 2 7/8 8 rnd	Cemented: 87	Hole Size: 5 5/8

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



Well #: 8-12
Location: SW-NE-SW-SE S24 T16 R21E
County: Miami
FSL: 900 899
FEL: 1760 1767
API#: 15-121-29153-00-00
Started: 6/15/12
Completed: 6/18/12

SN: 671'	Packer:	TD: 719'
Plugged:	Bottom Plug:	

## Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil	4	625	Lime
11	13	Clay	12	637	Shale (Limey)
16	29	Lime	4	641	Lime
7	36	Black Shale	7	648	Shale (Limey)
9	45	Lime	4	652	Lime
12	57	Shale (Limey)	19	671	Shale (Limey)
17	74	Lime	1.5	673.5	Sandy Shale (Oil Sand Streak) (Strong Odor) (Water)
3	77	Shale	1	674.5	Lime
3	80	Red Bed	2.5	677	Oil Sand (Good Bleed) (Some Water)
17	97	Shale	1.5	678.5	Oil Sand (Some Shale) (Fair Bleed) (Some Water) (Fractured)
17	114	Lime	1.5	680	Oil Sand (Fair Bleed) (Some Water)
6	120	Shale	.5	680.5	Shale
5	125	Sand (Dry)	1.5	682	Oil Sand (Some Shale) (Poor Bleed) (Water)
10	135	Shale	1	683	Oil Sand (Fair Bleed) (Some Water)
7	142	Sand (Dry)	1.5	684.5	Sandy Shale (Oil Sand Streak)
65	207	Shale	.5	685	Oil Sand (Shaley) (Good Bleed)
19	226	Lime	6	691	Sandy Shale (Oil Sand Streak)
7	233	Shale	TD	719	Shale
13	246	Sand (Dry)			
12	258	Shale			
6	264	Lime			
19	283	Shale			
10	293	Sandy (Dry)			
15	308	Lime			
17	325	Shale			
23	348	Lime			
11	359	Black Shale			Surface 6-15-12 Set Time 1:30pm Called 11:15am Russell
20	379	Lime			Longstring 700' 2 7/8 8 rnd 6-18-12 TD 719'
4	383	Black Shale			Set Time 12:00pm Called 10:30am Judy
12	395	Lime			
168	563	Shale			
7	570	Lime			
6	576	Shale			
2	578	Lime			
9	587	Shale			
5	592	Lime			
7	599	Shale			
4	603	Lime			
2.5	605.5	Oil Sand (Some Shale) (Fair Bleed)			
15.5	621	Shale			



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

Well #: 8-12
Location: SW-NE-SW-SE S24 T16 R21E
County: Miami
FSL: 900- 899
FEL: 1760 1767
API#: 15-121-29153-00-00
Started: 6/15/12
Completed: 6/18/12

# Core Run #1

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

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	672	0:00	0	Sandy Shale (Oil Sand Streak) (Water)	673.4'
1	673	2:00	2		
2	674	4:00	2	Lime	674.5'
3	675	5:30	1.5	Oil Sand (Good Bleed) (Some Water)	676.8'
4	676	6:30	1		
5	677	7:30	1	Oil Sand (Some Shale) (Fair Bleed) (Some Water) (Heavily Fratured)	678.5'
6	678	9:00	1.5		
7	679	10:00	1	Oil Sand (Fair Bleed) (Some Water)	679.9'
8	680	12:00	2	Shale	680.25'
9	681	14:00	2	Oil Sand (Some Shale) (Poor Bleed) (Water)	682.0'
10	682	16:00	2		
				Oil Sand (Fair Bleed) (Some Water)	682.8'
11	683	18:00	2	Sandy Shale (Oil Sand Streak)	684.35'
12	684	21:30	3.5		
				Oil Sand (Shaley) (Good Bleed)	684.9'
13	685	24:30	3	Sandy Shale (Oil Sand Streak)	691.0'
14	686	29:00	4.5		
15	687	33:00	4		
16	688	36:30	3.5		
17	689	40:00	3.5		
18	690	45:00	5		
19	691	49:30	4.5		
				Shale	
20	692	53:30	4		

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

*Copy*

Merchant Copy

**INVOICE**

THIS COPY MUST REMAIN AT MERCHANT AT ALL TIMES!

Page: 1		Invoice: <b>10041609</b>	
Special :		Time:	13:43:45
Instructions :		Ship Date:	06/14/12
		Invoice Date:	06/18/12
Sale rep #: MAVERY MIKE	Acct rep code:	Due Date:	07/05/12
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			
LOUISBURG, KS 66053		(913) 837-2823	
Customer #: 3570021	Customer PO:	Order By:	

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
175.00	175.00		BAG	CPPC	PORTLAND CEMENT	8.8900 BAG	8.8900	1555.75
360.00	360.00		BAG	CPPM	POST SET FLY ASH 75#	5.7900 BAG	5.7900	2084.40
14.00	14.00		EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00

*Copy 8-12 6/18*

*Direct Delivery*

*913-837-4155*

# INVOICE

	FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Freight 100.00 Taxable 3978.15 Non-taxable 0.00 Tax #	Sales total	\$3878.15
	SHIP VIA MIAMI COUNTY					Misc + Frgt	100.00
	RECEIVED COMPLETE AND IN GOOD CONDITION					Sales tax	300.35

**X**

**TOTAL \$4278.50**

1 - Merchant Copy

