



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1094891

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: _____



1094891

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>
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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

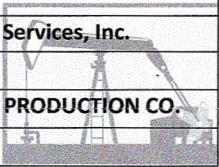
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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: <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: _____ _____
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Lease:	Cayot	
Owner:	Bobcat Oilfield Services, Inc.	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface: 25' of 6"	Cemented: 5 sacks	Hole Size: 8 ¾
Longstring 709' 2 7/8 8 rnd	Cemented: 85 sacks	Hole Size: 5 5/8



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

Well #: 32-12
Location: SE-NW-SE-SW S24 T16 R21E
County: Miami
FSL: 900 924
FEL: 3520 3600
API#: 15-121-29177-00-00
Started: 7/10/12
Completed: 7/11/12

SN: 677'	Packer:	TD: 719'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil	1	612	Oil Sand (Shaley) (Poor Bleed)
13	15	Clay	15	627	Shale
10	25	Lime (Clay Streaks)	3	630	Lime
5	30	Lime	22	652	Shale (Limey)
5	35	Black Shale	5	657	Lime
11	46	Lime	12	669	Shale (Limey)
9	55	Shale (Limey)	2	671	Lime
19	74	Lime	7	678	Shale (Limey)
5	79	Shale	1	679	Oil Sand (Very Shaley) (Fair Bleed)
3	82	Red Bed	2	681	Lime
21	103	Shale	2	683	Oil Sand (Some Shale) (Poor Bleed)
16	119	Lime	1	684	Oil Sand (Very Shaley) (Poor Bleed)
6	125	Shale	1	685	Oil Sand (Fair Bleed)
17	142	Sand (Dry) (Some Shale)	1	686	Oil Sand (Very Shaley) (Fair Bleed)
10	152	Sandy Shale	2.5	688.5	Sandy Shale (Oil Sand Streak)
61	213	Shale	2	690.5	Sandy Shale
14	227	Lime	1	691.5	Oil Sand (Very Shaley) (Some Lime) (Fair Bleed)
6	233	Shale	8.5	700	Sandy Shale
12	245	Sand (Dry)	TD	719	Shale
14	259	Shale			
6	265	Lime			
21	286	Shale			
7	293	Sand (Dry)			
2	295	Shale			
11	306	Lime			
2	308	Shale			
1	309	Lime			Surface 7-10-12 Set Time 4:30pm Called 2:15pm Becky
17	326	Shale			Longstring 709' 2 7/8 8 rnd 7-11-12 TD 719'
24	350	Lime			Set Time 11:30am Called 10:45am Becky
10	360	Shale			
20	380	Lime			
5	385	Shale			
12	397	Lime			
24	421	Shale			
10	431	Sand (Dry)			
133	564	Shale			
7	571	Lime			
9	580	Shale			
4	584	Lime			
20	604	Shale			
7	611	Lime			



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

Core Run #1

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

Well #: 32-12
Location: SE-NW-SE-SW S24 T16 R21E
County: Miami
FSL: 900 924
FEL: 3520 3600
API#: 15-121-29177-00-00
Started: 7/10/12
Completed: 7/11/12

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	679	0:00	0	Lime	680.7'
1	680	2:30	2.5		
2	681	4:00	1.5	Oil Sand (Some Shale) (Poor Bleed)	682.8'
3	682	6:00	2		
4	683	8:00	2	Oil Sand (Very Shaley) (Poor Bleed)	683.8'
5	684	10:00	2	Oil Sand (Fair Bleed)	685.2'
6	685	11:00	1		
7	686	14:00	3	Oil Sand (Very Shaley) (Fair Bleed)	686.0'
8	687	17:30	3.5	Sandy Shale (Oil Sand Streak)	688.5'
9	688	21:30	4		
10	689	27:00	5.5	Sandy Shale	690.5'
11	690	32:00	5		
12	691	34:30	2.5	Oil Sand (Very Shaley) (Some Lime) (Fair Bleed)	691.5'
13	692	36:00	1.5	Sandy Shale	
14	693	38:00	2		
15	694	40:30	2.5		
16	695	44:30	4		
17	696	50:30	6		
18					
19					
20					

Customer Copy

INVOICE

PLEASE REFER TO INVOICE NUMBER
ON ALL CORRESPONDENCE

Page: 1

Invoice: **10042058**

Special : Time: 09:17:02
Instructions : Ship Date: 07/05/12
Invoice Date: 07/06/12
Sale rep #: MAVERY MIKE Acct rep code: Due Date: 08/05/12

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:

pppmg01

5TH
T 27

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
350.00	350.00	L	BAG	CPPC	PORTLAND CEMENT	8.8900 BAG	8.8900	3111.50
160.00	160.00	L	BAG	CPPM	POST SET FLY ASH 75#	5.7900 BAG	5.7900	926.40
14.00	14.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00

Coyot
32-12
7/11

DIRECT DELIVERY

913-837-4159

INVOICE

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$4275.90
SHIP VIA	MIAMI COUNTY	Freight	100.00	Misc + Frgt	100.00
RECEIVED COMPLETE AND IN GOOD CONDITION				Taxable	4375.90
X				Non-taxable	0.00
				Sales tax	330.38
				Tax #	

TOTAL \$4706.28

2 - Customer Copy

