



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1100159

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      Date Reached TD      Completion Date or  
Recompletion Date           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: \_\_\_\_\_

1100159

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 ☐ Yes ☐ No  
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☐ No

Cores Taken ☐ Yes ☐ No

Electric Log Run ☐ Yes ☐ No

Electric Log Submitted Electronically ☐ Yes ☐ No  
(If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample  
Name Top Datum

CASING RECORD ☐ New ☐ 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

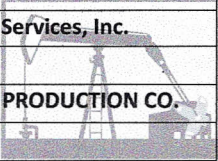
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
____ Perforate				
____ Protect Casing				
____ Plug Back TD				
____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	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 (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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Lease:	Orest Jones	
Owner:	Bobcat Oilfield Services, Inc.	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface: 20' of 6"	Cemented: 5 sacks	Hole Size: 8 ¾
Longstring 460' 2 7/8 8 Rnd	Cemented: 61 sacks	Hole Size: 5 5/8



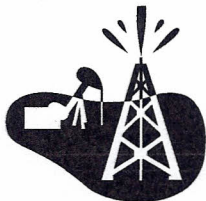
Dale Jackson Production Co.  
Box 266, Mound City, Ks 66056  
Cell # 620-363-2683  
Office # 913-795-2991

Well #: 3W-12
Location:SE-SW-NW-NE S21T17R25E
County: Miami
FSL: 4075 4104
FEL: 2095 2105
API#: 15-121-29271-00-00
Started: 10/2/12
Completed: 10/3/12

SN: None	Packer:	TD: 465'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	Top Soil			
10	11	Clay			
6	16	Lime (Clay Streak)			
25	41	Lime			
2	43	Shale			
3	46	Lime (Shaley)			
46	92	Shale			
10	102	Lime			
6	108	Shale			
13	121	Sandy Shale			
1	122	Coal			
11	143	Shale			
3	146	Lime			
4	150	Black shale			
6	156	Shale (Limey)			
11	167	Shale			
10	177	Sandy Shale			
12	189	Shale			
8	197	Lime			
16	213	Shale			
29	242	Lime			
4	246	Shale			
4	250	Black shale			
21	271	Lime			
4	275	Black shale			
15	290	Lime			
3	293	Black Shale			Surface 10/2/12 Set Time 12:00pm Called 9:20am Brooke
97	390	Shale			Longstring 460' 2 7/8 8 Rnd TD 465'
17	407	Sandy Shale			Set Time 3:30pm Called 2:15pm 10/3/12 Brooke
15	422	Shale			
2	424	Coal			
2	426	Light shale			
6	432	Oil Sand (Some Shale) (Fair Bleed) (Water & Oil)			
3	435	Lime			
2	437	Oil Sand (Some Shale) (Good Bleed) (Slight Show of Water)			
1	438	Oil Sand (Fractured) (Fair Bleed)			
1.5	439.5	Sand (Dry)			
17.5	457	Shale			
8	465	Gas Sand (Slight Oil Show)			
TD	468	Sandy Shale			



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

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

Core Run #1

Well #: 3W-12
Location: SE-SW-NW-NE S21 T17 R25E
County: Miami
FSL: 4075 4104
FEL: 2095 2105
API#: 15-121-29271-00-00
Started: 10/2/12
Completed: 10/3/12

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	428	0:00	0	Oil Sand (Some Shale) (Water 80% & Oil 20%) (Fair Bleed)	432
1	429	0:30	.5		
2	430	1:30	1		
				Lime	435
3	431	2:30	1		
4	432	3:30	1		
5	433	9:00	5.5	Oil Sand (Some Shale) (Good Bleed) (Slight Show of Water)	437
6	434	13:00	4		
7	435	15:00	2		
				Oil Sand (Fractured) (Fair Bleed)	438
8	436	16:00	2		
				Sand (Dry)	439.5
9	437	17:00	1		
				Shale	
10	438	18:30	1.5		
11	439	20:00	1.5		
12	440	21:00	1		
13	441	22:30	1.5		
14	442	24:30	2		
15	443	25:30	1		
16	444	27:30	2		
17	445	29:00	1.5		
18	446	30:30	1.5		
19	447	32:00	1.5		
20	448	33:30			



**INVOICE**

PLEASE REFER TO INVOICE NUMBER  
ON ALL CORRESPONDENCE

Page: 1

Invoice: **10044348**

Special : Time: 16:12:52  
Instructions : Ship Date: 09/27/12  
: Invoice Date: 10/01/12  
Sale rep #: MAVERY MIKE Acct rep code: Due Date: 11/05/12

Sold To: **BOBCAT OILFIELD SRVC,INC** Ship To: **BOBCAT OILFIELD SRVC,INC**  
C/O BOB EBERHART (913) 837-2823  
30805 COLDWATER RD  
LOUISBURG, KS 66053 (913) 837-2823

Customer #: 3570021

Customer PO:

Order By: CLINT

popimg01

5TH  
T 26

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

Orest Jones  
3W12

913-837-4159

Phone order by Clint

Delivered to 5535 311<sup>th</sup> St.  
Louisburg

# 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	Misc + Frgt 100.00
	X				Non-taxable	0.00	Sales tax 318.37
					Tax #		

**TOTAL \$4535.17**

2 - Customer Copy

