



KANSAS CORPORATION COMMISSION 1100274
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 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: _____



1100274

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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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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	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:	Hole Size:
Longstring 455' 2 7/8 8 Rnd	Cemented: 65 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 #: 8W-12
Location: NE-SW-SW-NE S21T17R25E
County: Miami
FSL: 3185 3188
FEL: 2095 2087
API#: 15-121-29276-00-00
Started: 10/10/12
Completed: 10/11/12

SN: None	Packer:	TD: 460'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	Top Soil & Loose Rock	2	456	Sandy Shale (Slight Oil Show)
38	39	Lime	TD	460	Sandy Shale
51	90	Shale			
10	100	Lime			
7	107	Shale			
12	119	Sandy Shale			
2	121	Shale			
1	122	Black Shale			
20	142	Shale			
3	145	Lime			
7	152	Black Shale			
10	162	Shale			
10	172	Sandy shale			
9	181	Shale			
8	189	Lime			
16	205	Shale			
31	236	Lime			
8	244	Shale Black			
20	264	Lime			
4	268	Black Shale			
4	272	Lime			
2	274	Shale			
9	283	Lime			
2	285	Black Shale			
100	385	Shale			
10	395	Light Sandy shale			
20	415	Shale			Surface 10/10/12 Set Time 4:30pm Called 2:30pm Brooke
1	416	Black shale			Longstring 455' 2 7/8" 8 Rnd TD 460
3.5	419.5	Light shale			Set Time 4:00pm Called 3:00pm 10/11/12 Brooke
4.5	424	Oil sand (Shaley) (Fair Bleed)			
1.5	425.5	Oil sand (Limey) (Fair Bleed)			
1.5	427	Oil sand (Fractured) (Water & Oil) (Fair Bleed)			
2.5	429.5	Oil sand (Fair Bleed)			
1	430.5	Lime			
3.5	434	Oil Sand (Fair Bleed)			
2	436	Oil Sand (Limey) (Water)			
2	438	Sand (Shaley) (Water)			
2	440	Sandy Shale			
10.5	450.5	Shale			
1.5	452	Sand (Water)			
2	454	Sand (Water) (Slight Oil Show)			



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Core Run #1

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

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	419	0:00	0	Sandy Shale	419.5'
1	420	2:00	2	Oil Sand (Shaley) (Fair Bleed)	424.0'
2	421	3:00	1		
3	422	3:30	.5		
4	423	4:30	1		
5	424	5:00	.5		
6	425	6:00	1	Oil Sand (Limey) (Fair Bleed)	425.5'
7	426	6:30	.5	Oil sand (Fractured) (Fair Bleed) (Water & Oil)	
8	427	7:30	1		
9	428			Locked up	
10	429				
11	430				
12	431				
13					
14					
15					
16					
17					
18					
19					
20					

INVOICE

PLEASE REFER TO INVOICE NUMBER ON ALL CORRESPONDENCE

COPY

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

*Jones
8W-12*

913-837-4159

Phone order by Clint

*Delivered to 5535 311th St.
Louisburg*

INVOICE

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

TOTAL \$4535.17

2 - Customer Copy



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