



KANSAS CORPORATION COMMISSION 1109901
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: _____



1109901

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

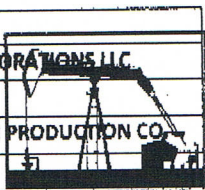
TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Lease:	AUST	
Owner:	WILDCAT EXPLORATIONS LLC	
OPR #:	34683	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface:	Cemented:	Hole Size:
30	5	8.75
Longstring	Cemented:	Hole Size:
220'2.875	30	5.625



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

Well #: 73
Location: SW-SW-NE-NE S3T205R24E
County: LINN
FNL: 1225
FWL: 4151
API#: 15-107-24590-00-00
Started: 3-6-12
Completed: 3-7-12

SN: NONE	Packer:	TD: 365
Plugged: 15 SACK 3-7-12	Bottom Plug: TD-361	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	TOP SOIL	1	217	LIME
19	21	CLAY	3	220	BLACK SHALE
3	24	SAND, CLAY & GRAVEL	10	230	SHALE SANDY
3	27	CLAY	.5	230.5	SAND (SOME OIL SHOW)
3	30	LIME	8.5	239	LIGHT SHALE
7	37	SHALE	2	241	RED BED AND SHALE
10	47	SHALE (LIMEY)	29	270	SANDY SHALE
3	50	COAL	18	288	SHALE
4	54	FIRE CLAY	2	290	COAL
10	64	LIME	4	294	LIGHT SHALE
14	78	SHALE	1	295	WHITE SAND
3	82	LIME	1	296	OIL SAND (POOR BLEED)
2	84	SHALE	6	302	SAND (STRONG ODOR)
2	86	COAL	48	350	SANDY SHALE
2	88	BLACK SHALE	1	351	SANDY SHALE (FAIR ODOR)
10	98	Sandy shale	TD	361	SANDY SHALE
16	112	LIME			
10	122	SHALE (LIMEY)			
1	123	COAL			
1	124	LIME			
2	126	SHALE (LIMEY)			
2	128	OIL SAND (SHALEY) (POOR BLEED)			
3	131	OIL SAND FAIR BLEED (SOME SHALE)			
1	132	SHALE (SOME OIL SAND STREAKS) (POOR BLEED)			
18	150	SHALE SANDY			
4	154	SHALE			
1	155	LIME			
3	158	SHALE			
4	162	SANDY SHALE			
2	164	OIL SAND (GOOD BLEED)			
3	167	OIL SAND (FAIR BLEED)(SHALEY)			
3	170	SHALE (SAND STREAKS) (NO OIL)			
1.5	171.5	OIL SAND (FAIR BLEED)			
1.5	173	SAND (VERY LITTL OIL)			
1	174	SANDY SHALE (OIL SHOW)			
1.5	175.5	OIL SAND (FAIR BLEED)(SOME SHALE)			
1.5	177	SANDY SHALE (STRONG ODOR)			
23	200	SANDY SHALE			
1	201	COAL			
1	202	FIRE CLAY			
14	216	SHALE			

0882

CUSTOMER'S ORDER NO. Avery Lumber DATE 4-11-2012

NAME Tricut Oil Inc
 ADDRESS _____

SOLD BY		CASH	C.O.D.	CHARGE	ON ACCT.	MOSE. REID.	PAID OUT
QUAN.		DESCRIPTION			PRICE	AMOUNT	
70	1	Poured Cement			10.49	734.30	
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17				Tax	53.60	
	18					787.90	

REC'D BY _____

KEEP THIS SLIP FOR REFERENCE