



KANSAS CORPORATION COMMISSION 1123866
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: _____



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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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 (Specify) _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Lease:	BURRIS	
Owner:	Bobcat Oilfield Services Inc.	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface: 20' of 6"	Cemented: 5 Sacks	Hole Size: 8 3/4
Longstring: 529' 2 7/8" 8 rd	Cemented: 65	Hole Size: 5 5/8

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

Well #: 14W-12
Location: NE,SE,SW,SW,S12,T17,R24
County: MIAMI
FSL:352
FEL: 4187
API#: 15-121-29407-00-00
Started: 1/8/13
Completed: 1/9/13

SN: NONE	Packer:	TD: 536'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	TOP SOIL	2	513	LIME
7	8	CLAY	6	519	SHALE (LIMEY)
46	54	LIME	8	528	LIME(STRONG ODOR)
51	105	SGHALE	3	531	OIL SAND(SHALEY)(GOOD BLEED)
10	115	LIME	TD	536	SHALE
25	140	SHALE			
5	145	LIME			
49	194	SHALE			
9	203	LIME			SURFACE 1/8/13
13	216	SHALE			SET TIME 5:30 P.M.
29	245	LIME			CALLED 3:30P.M. BROOK
4	249	BLACK SHALE			
7	256	SHALE (LIMEY)			LONGSTRING 529' 2 7/8" 8RD TD536'
18	274	LIME			SET TIME 3:30 P.M. 1/9/13
3	277	BLACK SHALE			CALLED 2:15P.M. BROOK
3	280	LIME			
5	285	SHALE			
5	290	LIME			
5	295	SHALE(LIMEY)			
5	300	SHALE (SAND STRK)(ODOR)			
15	315	SHALE			
15	330	SAND(DRY)			
76	406	SHALE			
10	416	SANDY SHALE(OIL SHOW)			
21	437	SHALE			
1	438	BLACK SHALE			
31	469	SHALE			
2	471	SHALE (OIL SANDSTRK)(FAIR BLEED)			
1	472	OIL SAND (SHALEY)(FAIR BLEED)			
1	473	OIL SAND (SOME SHALE)(FAIR BLEED)			
1	474	OIL SAND (SHALEY(Slight show oil)(FAIR BLEED)			
2.5	476.5	OIL SAND(SOME SHALE)(OIL&WATER)FAIR BLEED			
2	478.5	OIL SAND (WATER)			
1	479.5	OIL SAND(OIL &SOME WATER)(FAIR BLEED)			
1	480.5	OIL SAND(WATER &SOME OIL)(Poor BLEED)			
1.5	482	OIL SAND(OIL &WATER)(GOOD BLEED)			
6	488	OIL SAND (WATER)(VERY LITTLE OIL)			
1	489	BLACK SAND (DRY)			
10	499	SHALE			
5	504	LIME			
7	511	SHALE(LIMEY)			



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County: MIAMI
FSL: 352
FEL: 4187
API#: 15-121-29407-00-00
Started 1/8/13
Completed: 1/9/13

Core Run #1

Lease :	BURRIS
Owner:	BOBCAT OILFIELD SERVICES INC
OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	471			OIL SAND (SHALEY)(FAIR BLEED)	472
1	472		1	OIL SAND (SOME SHALE)(FAIR BLEED)	473
2	473		.5	OIL SAND (SHALEY)(FAIR BLEED)(SLIGHT SHOW OF WATER)	474
3	474		1	OIL SAND (SOME SHALE)(OIL & WATER)(15%OIL 85%WATER)(FAIR BLEED)	476.5
4	475		1		
5	476		1		
6	477		1	OIL SAND ("WATER")	478.5
7	478		1		
8	479		.5	OIL SAND (OIL & SOME WATER) (FAIR BLEED)	479.5
9	480		1	OIL SAND (WATER SOME OIL)(POOR BLEED)	480.5
10	481		.5	OIL SAND (OIL & WATER)(GOOD BLEED)	482
11	482		1	OIL SAND ("WATER")(VERY LITTLE OIL)	488
12	483		1		
13	484		1		
14	485		1.5		
15	486		1		
16	487		1.5		
17	488		1		
				BLACK SAND DRY	489
18	489		1.5		
19	490		1.5		
20	491		2.5		

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

Customer Copy

INVOICE

PLEASE REFER TO INVOICE NUMBER ON ALL CORRESPONDENCE

Page: 1	Invoice: 10046461
Special :	Time: 11:16:09
Instructions :	Ship Date: 01/07/13
	Invoice Date: 01/11/13
Sale rep #: MAVERY MIKE	Acct rep code:
	Due Date: 02/05/13
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: CLINT

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
380.00	380.00	L	BAG	CPPC	PORTLAND CEMENT	8.8900 BAG	8.8900	3378.20
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

*Burnis
14W-12*

PHONE ORDER BY CLINT

DIRECT DELIVERY

INVOICE 913-837-4159

X	FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER		Sales total	\$5005.80	
	SHIP VIA MIAMI COUNTY				Freight	100.00	Misc + Frgt	100.00
	RECEIVED COMPLETE AND IN GOOD CONDITION				Taxable	5105.80	Sales tax	385.49
						Non-taxable	0.00	
						Tax #		

TOTAL \$5491.29

2 - Customer Copy

