

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1123876

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 #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from Cast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
	Amount of Surface Pipe Set and Cemented at: Feel
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
OG GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Drilling Fluid Management Plan
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Oblasida sestanti sana Elviduslumes bbla
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Chloride content: ppm Fluid volume: bbls
Conv. to GSW	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD         Permit #:	
ENHR         Permit #:	Quarter Sec TwpS. R East West
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date         Date Reached TD         Completion Date or Recompletion Date	

#### 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:

	Side Two	1123876
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional She	eets)	Yes No	)	☐ Log Name	Formatior	n (Top), Depth an		Sample
Samples Sent to Geolog	gical Survey	Yes No	)	Name			Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted B (If no, Submit Copy)	Electronically	Yes No Yes No Yes No	)					
List All E. Logs Run:								
		CAS	ING RECORD	New	Used			
		Report all strings	set-conductor, surfa	ace, interm	nediate, productio	on, etc.		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Fi		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

#### ADDITIONAL CEMENTING / SQUEEZE RECORD

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

Shots Per Foot		PERFORATION Specify Fo		RD - Bridge F Each Interval		e	,		ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner R	un:	No	
Date of First, Resumed Pr	oduct	on, SWD or ENH	<b>ર</b> .	Producing N		oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITION	OF	BAS:			METHOD (	OF COMPLE	TION:		PRODUCTION INTE	RVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit)		Commingled (Submit ACO-4)		
(If vented, Subm	it ACC	-18.)		Other (Specify	)					

					_				<u></u>
Le	ease:	Rign	ney	mag				Well #: 1W-12	
0	wner:	Bobcat Oilfield Services Inc.			Dale Jac	kson P	roduct	ion Co.	Location: NW SW NW SW S12 T17R24
0	PR #:	389	5		Box 266,			and the second s	County: Miami
C	ontractor:	DAL	E JACKSO	N PRODUCTION CO.	100		-363-26		FSL: 1677
0	PR #:	433	9						FEL: 5264 20
<u> </u>		1		Hale Circo		e # 91:	3-795-2	991	API#: 15-121-29393-00-00
1.000	urface: D' of 6"	5 Sa	ented:	Hole Size: 8 <sup>3</sup> ⁄ <sub>4</sub> "					Started: 2-05-13
	ongstring:		ented:	Hole Size:	-				Completed: 2-06-13
	69'Ft. Of	60 S		5 5/8"	SN: N	ONE		NONE	TD: 475' FT.
2	7/8" 8rd					UNE	Pa	acker: NONE	1D: 475 FI.
	Well Log			Plugged:	1	B	ottom Plug:		
TKN	BTM Depth	Τ	Formation			TKN	BTM Depth	Formation	
1	1		Top Soil						
15	16		Lime (Loose	e)					
50	66		Shale						
9	75		Lime	•					
6	81		Shale	t Odar)					
12 16	93 109		Sand (Slight Shale	t Odor)					
4	109		Lime	•••••••••••••••••••••••••••••••••••••••					
43	156		Shale						
12	168		Lime						
15	183		Shale						
28	211		Lime	i an interaction of the second					an a
6	217	1	Black Shale						and a second
22	239		Lime						
4	243		Black Shale					Surface 2-05-13	
2	245		Lime					Set Time 4:30 PM	
5	250		Shale					Called 2:10 PM On 2-05	-13 – Talked To Brooke
6	256		Lime					Well TD – 475' Ft.	
5 5	261		Shale	le (Slight Oil Show)				Long string 469' Ft. Of 2	7/9" and Ding
23	289		Shale	e (Siight Oil Show)				Set Time 3:00 PM	
15	302		Sand (Dry) (	(Shaley)				Called 2:00 PM On 2-06	13 - Talked To Brooke
64	366		Shale	(Shaley)				Called 2.00 P W OII 2-00	
10	376		in the second	e (Slight Oil Show)					and a second
21	397		Shale	( 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,					
1	398		Black Shale	alan an a	- Janta Carlos Car				
31	429		Shale						
3	432		Тор)	haley) (Good Bleed) (Lime					
9.5	441.5		Water)	ome Shale ) (Fair Bleed) (Sl	ight Show Of				
.5	442			mey) (Poor Bleed)	Clight Ch .				
4	446		Of Water)	ood Bleed) (Some Shale) (	Siight Show				
12 7	458 465		Shale Lime	1999					
4	465		Shale						
3	403		Lime	and a second					
TD	472		Shale						
				international and a state of a stat					
			-					-	

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BOBCAT OILFIELD SERVICES INC

Chill State

Lease :

Owner:

OPR #:

RIGNEY

Contractor: DALE JACKSON PRODUCTION CO.

3895

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

# Core Run <u>#1</u>

Well #: 1W-12W	
Location: NW,SW,NW,SW,S12,T17,R24E	
County: MIAMI	
FSL: 1677	
FEL: 5264	
API#: 15-121-29393-00-00	
Started 2/05/13	
Completed: 2/06/13	-

OPR	#: 4	4339		Completed: 2/06/13				
FT	Dept	h Clock	Time	Formation/Remarks				
0	432	0:00						
1	433	1:00	1					
2	434	2:00	1					
3	435	3:00	1	OIL SAND (SOME SHALE) (FAIR BLEED) (SLIGHT SHOW OF WATER)	441.5'			
4	436	3:30	.5	-				
5	437	4:30	1					
6	438	5:30	1					
7	439	6:30	1					
8	440	7:00	.5					
9	441	8:00	1					
10	442	9:00	1	OIL SAND (LIMEY) (POOR BLEED)	442'			
11	443	10:00	1	-				
12	444	10:30	.5	OIL SAND (SOME SHALE) (GOOD BLEED) (SLIGHT SHOW OF WATER)	446'			
13	445	11:30	1					
14	446	13:00	1.5					
15	447	15:00	2		•			
16	448	17:00	2					
17	449	19:00	2	SHALE				
18	450	21:00	2					
19	451	23:00	2					
20	452	25:00	2					
				- 				

1.40	Resc		h sale	)	01/28/13	3 13:31 011
		mo m/	TO: S	LINT 13-980-		5 20 P 20 N U P
	<u>1.0000</u>			DUE THE		<u>Mr n 4668937</u>
8 OTY	DESCRI		TICH M	UNITS	PRICE	MILLAT
1 245 2 239 4 3 14		CONCRETE MIX HENT TYPE 1/11 940 LLET	80099999E 780110500 780190000	245 	6.00 E9 19,40-00- 15.00 EA	1446.00 2312.00 210.00
	491 2.46 191 12.46 191 12.47 KINKI	MIAMI	Figure 2	D	SUBTOTAL PAOLA SALES 1 TOTAL	4562.00 AX 401.45 4963.46
1.5 nercent per m	onth or amount per appli	due amounts subject to service char cable law. as will be allowed to any account that			RECEIVED	BY STATEMENT CO
hipped Fror	n: Harrisonville, N	10	Total Weight:	45,488	For W	arehouse Use Only
***For Cust t of Pallets F If zero, plea	omer Use Only. Returned*: se explain:	Please complete and in	Returned*:		Packed	t by:
	/28/2013 12:08:10 F			ONS ON RE		