



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1123965

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: _____

1123965

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

Core Run #1

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

Well #: 6W-12W
Location: NW,SW,NW,SW,S12,T17,R24E
County: MIAMI
FSL: 1966
FEL: 5135
API#: 15-121-29394-00-00
Started 2/01/13
Completed: 2/05/13

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	428	0:00	-----	OIL SAND (SHALEY)	428.5'
1	429	0:30	.5	SANDY SHALE (SOME OIL SAND STREAK) (POOR BLEED)	430'
2	430	1:30	1		
3	431	2:30	1	OIL SAND (WATER SOME OIL) (POOR BLEED) (SOME SHALE)	436'
4	432	3:00	.5		
5	433	3:30	.5		
6	434	4:30	1		
7	435	5:30	1		
8	436	6:00	.5		
9	437	7:00	1		
10	438	8:00	1	OIL SAND (SOME SHALE) (OIL & WATER) (FAIR BLEED)	438'
11	439	8:30	.5	OIL SAND (FRACTURED) (OIL & WATER) (LIMEY) (FAIR BLEED)	439'
12	440	9:30	1	OIL SAND (FAIR BLEED) (OIL & SOME WATER)	442'
13	441	10:30	1		
14	442	11:30	1		
15	443	12:30	1	OIL SAND (GOOD BLEED) – ADDED ANOTHER JOINT OF DRILL PIPE – PACKED OFF	
16	444				
17	445				
18	446				
19	447				
20	448				

MIAMI LUMBER, INC.

1014 N. Pearl, P.O. Box 362, Paola, Kansas 66071
913-294-2041

LOADED BY	DELIVERED BY	DELIVERY DATE
CHECKED BY	DATE ORDERED	SHIP VIA

1408656

CASH SALE

01/28/13 13:31 011

CASH SALE

SHIP CLINT
TO: 913-980-3658

S 1
D 202
D 1
D 2
D 1
D 1

John Owen

CUSTOMER: 1 0000

TERMS: DUE THE 10TH

FROM: 0 4055937

LN	QTY	DESCRIPTION	ITEM #	UNITS	PRICE	AMOUNT
1	240	3000 FLY ASH CONCRETE MIX	80039999E	240	6.00 EA	1440.00
2	280	PORTLAND CEMENT TYPE 1/13 940	780110300	280	19.70 EA	5516.00
3	14	TX1 WOOD PALLET	780190000	14	15.00 EA	210.00
SUBTOTAL						4566.00
PAOLA SALES TAX						401.45
TOTAL						4967.45

*Rigney
6W12*

MIAMI LUMBER, INC.

Payments due 10 days receipt of statement - overdue amounts subject to service charge, at 1.5 percent per month, or amount per applicable law.
On Of Credit - No additional credit purchases will be allowed to any account that is

RECEIVED BY STATEMENT COPY

Shipped From: Harrisonville, MO

Total Weight: 45,488

***For Customer Use Only. Please complete and initial all lines

of Pallets Returned*: _____ # of Bulk Bags Returned*: _____

If zero, please explain: _____

Received by, please print: _____ Date: _____

Print Date: 1/28/2013 12:08:10 PM

For Warehouse Use Only

Packed by: *[Signature]*

Checked by: *[Signature]*

Date Loaded: _____

SUBJECT TO TERMS AND CONDITIONS ON REVERSE SIDE