



KANSAS CORPORATION COMMISSION 1123968  
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
_____ 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

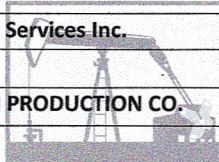
TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

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:	RIGNEY	
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: 497'Ft. Of 2 7/8"8rd	Cemented: 62 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: SW,NE,NW,SW,S12,T17,R24
County:MIAMI
FSL: 1998
FEL: 4511
API#: 15-121-29396-00-00
Started: 1/25/13
Completed: 1/28/13

SN: none	Packer:
Plugged:	Bottom Plug:

TD: 501' FT.

## Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	Top Soil	13	489	Lime (Broken)
5	6	Clay	7	496	Shale
27	33	Lime	TD	501	Lime
50	83	Shale			
9	92	Lime			
7	99	Shale			
12	111	Sand (Dry)			
13	124	Shale			
5	129	Lime			SURFACE 1/25/13
35	164	Shale			SET TIME 3:30 P.M.
3	167	Sandy Shale (Odor)			CALLED IN At 1:20 A.M. – TALKED TO BROOKE
8	175	Shale			WELL TD – 501' FT.
11	186	Lime			LONG STRING 497' FT. OF 2 7/8" 8RD PIPE
13	199	Shale			SET TIME 3:30 P.M. 1/28/13
29	228	Lime			CALLED 2:20 P.M. – TALKED TO BROOKE
5	233	Black Shale			
22	255	Lime			
4	259	Black Shale			
3	262	Lime			
5	267	Shale			
5	272	Lime			
3	275	Shale			
4	279	Sandy Shale			
5	284	Shale			
7	291	Sand (Dry)			
10	301	Sandy Shale			
10	311	Sand (Dry)			
10	321	Sandy Shale			
100	421	Shale			
2	423	Black Shale			
9	432	Light – Sandy Shale			
16	448	Shale			
.5	448.5	Lime			
.5	449	Oil Sand (Shaley) (Fair Bleed)			
1	450	Oil Sand (Good Bleed)			
1	451	Lime			
3	454	Oil Sand (Oil & Water) (Fair Bleed)			
		[ Fractured From - 452.5' To 453.5']			
12	466	Oil Sand (Some Shale) (Good Bleed)			
1	467	Black Sand			
9	476	Shale			



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County: MIAMI
FSL: 1998
FEL: 4511
API#: 15-121-29396-00-00
Started 1/25/13
Completed: 1/28/13

# Core Run #1

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

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	449	0:00	-----	OIL SAND (GOOD BLEED)	450'
1	450	0:30	.5		
2	451	1:30	1	LIME	451'
3	452	2:00	.5	OIL SAND (OIL & WATER) (FAIR BLEED)	452.5'
4	453	2:30	.5	OIL SAND (OIL & WATER) (FAIR BLEED) - [ FRACTURED ]	453.5'
5	454	3:30	1	OIL SAND (SOME SHALE) (GOOD BLEED)	
6	455	5:00	1.5		
7	456	6:00	1		
8	457	10:30	4.5	PACKED OFF	
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					



# 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

140855

CASH SALE

01/28/13 13:31 011

CASH SALE

SHIP CLINT  
TO: 913-980-3658

S 1  
P 203  
A 1  
M 3  
T 1  
F 1

*Pat Owen*

CUSTOMER: 1 0000

TERMS: DUE THE 10TH

FROM: 0 4055837

LN	QTY	DESCRIPTION	ITEM #	UNITS	PRICE	AMOUNT
1	240	3000 FLY ASH CONCRETE MIX	80055599E	240	5.00 EA	1440.00
2	200	PORTLAND CEMENT TYPE 1/II 94W	780110500	200	10.56 EA	2112.00
3	14	1X1 WOOD PALLET	780190300	14	15.00 EA	210.00
<p>MIAMI LUMBER, INC.</p> <p><i>Rigney 8W-12</i></p>						
<p>SUBTOTAL 4562.00</p> <p>PAOLA SALES TAX 401.46</p> <p>TOTAL 4963.46</p>						

Payments due 10 days receipt of statement - overdue amounts subject to service charge, at 1.5 percent per month, or amount per applicable law.  
No 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**