

Kansas Corporation Commission Oil & Gas Conservation Division

1153968

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:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
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:
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Onv. to ENHR	Chloride content: ppm Fluid volume: bbls 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 #:	Quarter Sec TwpS. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
GGW Fellill #.	
Spud Date or 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 Approved by: Date:

Side Two



Operator Name:			Lease	Name: _			Well #:	
Sec Twp	S. R	East West	Count	y:				
time tool open and clo	sed, flowing and shu es if gas to surface te	d base of formations per t-in pressures, whether s st, along with final chart(well site report.	shut-in pre	ssure read	ched static level,	hydrostatic press	sures, bottom h	ole temperature, flui
Drill Stem Tests Taken (Attach Additional S		☐ Yes ☐ No			og Formation	n (Top), Depth an	d Datum	Sample
Samples Sent to Geol	logical Survey	Yes No		Nam	е		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy		Yes No Yes No Yes No						
List All E. Logs Run:								
		CASING Report all strings set-	RECORD	☐ Ne		on etc		
Purpose of String	Size Hole	Size Casing	We	eight	Setting	Type of	# Sacks	Type and Percent
	Drilled	Set (In O.D.)	Lbs	. / Ft.	Depth	Cement	Used	Additives
		ADDITIONAL	L CEMENT	ING / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used Type and Percent Additives					
Perforate Protect Casing Plug Back TD Plug Off Zone								
01 + 5 5 +	PERFORATIO	DN RECORD - Bridge Plug	as Set/Type	<u> </u>	Acid, Frac	cture, Shot, Cement	: Squeeze Record	d
Shots Per Foot		ootage of Each Interval Per				mount and Kind of Ma		Depth
TUBING RECORD:	Size:	Set At:	Packer	At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or EN	HR. Producing Met	hod:	ing	Gas Lift C	other (Explain)		
Estimated Production Per 24 Hours	Oil I	Bbls. Gas	Mcf	Wate	er Bl	ols. (Gas-Oil Ratio	Gravity
DISPOSITIO	ON OF GAS:		METHOD O	F COMPLE	ETION:		PRODUCTIO	ON INTERVAL:
Vented Sold	Used on Lease	Open Hole	Perf.	Dually		nmingled mit ACO-4)		
(If vented, Sul	omit ACO-18.)	Other (Specify) _		(Jasiiii)	(Gubi			

DIEBOLT LUMBER AND SUPPLY INC. 2661 Nebraska Road

La Harpe, Kansas 66751

FAX: (620) 496-2226 PHONE: (620)-496-2222

CLERK: TERMS: CASH/CHECK/BANKGARD CUST NO: JOB NO: PURCHASE ORDER: REFERENCE: DATE TIME: 5/13/13 TERMINAL: 555

SOLD TO: **** CASH ****

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LELAND JACKSON

SALESPERSON: PS JERRY SMITH

TAX: 001 KANSAS TAX

INVOICE: J90424

LINE	- 7 7500 007700 1.1 7000		UM	SKU	DESCRIPTION	LOCATION	UNITS	PRICE/ PER	20.
1	5	5	BG	94PC	94# TYPE I PORTLAND CEMENT	2	5	10.45 /BG	52.25
					STICKNEY Well# 4				
:					weil# y				
 :*				÷				,	
		·							
				,					

** PAID IN FULL **

56.19

TAXABLE NON-TAXABLE

SUBTOTAL

52.25 0.00 52.25

CHECK PAYMENT

CK# 5286

56.19

TAX AMOUNT

3.94

TOTAL

56.19

TOT WT: 470.00

Received By

Lone Jack Oil Company Blue Mound, KS 1-913-756-2307 1-620-363-0492 Operator: Lone Jack Oil A

Lease		Stickney Operator:	Lone Jack Oi	L API # <u>15-001-30597-00-</u>	00
Contractor:	ntractor: Lone Jack Oil Company Date Started: 5/13/13 Date Completed: 5/15/13 tal Depth: 694 feet Well # 4 Hole Size: 5 5/8 rface Pipe: 20' 6 1/4" Surface Bit: 9 7/8 Sacks of Cement: 5				5/15/13
Total Depth	ı: <u>69</u>	4 feet Well #	4	Hole Size: 5 5/	8
Surface Pipe	e:	20' 6 1/4" Surface Bit:	9 7/8	Sacks of Cement:	5
Depth of Se	at Nipple:	Ra	ng Packer At:		
Length and	Size of Ca	sing: 683	3'- 2 7/8	Sacks of Cement:	85
Legal Descr	ription: 1	NE NW NW NW Sec: 22	Twp: 24S	Sacks of Cement: Range: 21E County:	Allen
Thickness	Depth	Type of Formation	Core	Depth Ti	me
			Thickness		
1	1	Top Soil			· · · · · · · · · · · · · · · · · · ·
4	5	Clay			
10	. 15	Sand Rock			
2	17	Shale			• •
71	88	Lime			
5	95	Shale			
4	97	Lime			
8	105	Shale			
20	125	Lime			.,
3	128	Shale			·
26	154	Lime			
155	309	Shale			
12	321	Lime			
4	325	Shale			
9	334	Lime			
73	407	Shale			
18	425	Lime			
4	429	Shale			
5	434	Lime		<u> </u>	,
43	477	Shale			
17	494	Lime			
9	503	Shale			· · · · · · · · · · · · · · · · · · ·
4	507	Lime			· · · · · · · · · · · · · · · · · · ·
94	601	Shale			
1	602	Lime			
80	682	Shale			
2	684	Oil Sand (Shaley)			
2	686	Oil Sand (Good, Little Bleed)			
4	690	Oil Sand (Fair Bleed)			
2	692	Oil Sand (Good, Shaley)			
2	694	Shaley Sand			
	694	TD			
					
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PAYLESS CONCRETE PRODUCTS, INC.

P.O. BOX 664 802 N. INDUSTRIAL RD. IOLA, KS 66749

Voice: 620-365-5588

Fax:

Ship to:

LONEJACK OIL CO. 509 E. WALNUT BLUE MOUND, KS 66010

Invoice Number: 34141

May 15, 2013

1

Invoice Date:

Page:

Duplicate

Bill To: CASH FOR C.O.D.'S 802 N. INDUSTRIAL RD. IOLA, KS 66749

Customer ID	Customer PO	Paymen	t Terms	
CASH/C.O.D.	LONEJACK/STICKNEY 4	C.O.D.		
Sales Rep ID	Shipping Method	Ship Date	Due Date	
	TRUCK		5/15/13°	

Quantity	Item	Description	Unit Price	Amount
85.00	CEMENT/WATER	CEMENT & WATER PER BAG MIX	5.50	467.50
85.00	MH	MIXING & HAULING	2.50	212.50
1.75	TRUCKING	TRUCKING CHARGE	55.00	96.28
\$				
		·		
				· · ·
			-	770
		Subtotal		776.2 58.6
		Sales Tax Total Invoice Amount		834.8
eck/Credit Men	ao No:	Payment/Credit Applied		034.0
eck/Credit iVien	HO INO:	TOTAL		834.8