



KANSAS CORPORATION COMMISSION 1167912
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

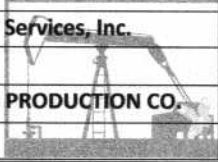
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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 <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Lease:	Anderson	
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: NONE	Cemented: 61 Sacks of Cement	Hole Size: 5 5/8"



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

Well #: 5-13
Location: SW, NW, SW, SW: S32-T16-R22
County: MIAMI
FSL: 825' FT.
FEL: 5115' FT.
API#: 15-121-29641-00-00
Started: 10-22-2013
Completed: 10-23-2013

SN: NONE	Packer: NONE
Plugged:	Bottom Plug:

TD: 645' FT.

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	TOP SOIL	3	541	BLACK SHALE
6	8	CLAY	14	555	DARK SHALE
4	12	LIME	1	556	COAL
5	17	SHALE	7	563	SHALE
17	34	LIME	7	570	SHALE (LIMEY)
23	57	SHALE	13	583	SHALE
15	72	LIME	3	586	LIME
19	91	SHALE	3	589	BLACK SHALE
8	99	SAND (DRY)	5	594	DARK SHALE
66	165	SHALE	22	616	SHALE (LIMEY)
19	184	LIME	5	621	LIME
7	191	SHALE	6	627	BLACK SHALE / DARK SHALE
10	201	SAND (DRY) (SHALEY)	3	630	SHALE (LIMEY)
10	211	SHALE	4	634	SHALE
4	215	LIME	1	635	OIL SAND (VERY SHALEY) (FAIR BLEED)
38	253	SHALE	1	636	OILO SAND (SOME SHALE) (FAIR BLEED)
14	267	LIME	1	637	SANDY SHALE
16	283	SHALE	1	638	OIL SAND (SHALEY) (FAIR BLEED)
25	308	LIME	1	639	OIL SAND (VERY SHALEY)
3	311	SHALE	TD	645	SANDY SHALE
3	314	BLACK SHALE			
22	336	LIME			
4	340	BLACK SHALE			
16	356	LIME			
1	357	BLACK SHALE			
18	375	SHALE			
15	390	SAND (SHALEY) (SLIGHT ODOR)			
11	401	SANDY SHALE			
54	455	SHALE			
4	459	SHALE (LIMEY)			
2	461	SHALE (OIL SAND STREAK)			
2	463	OIL SAND (SOME SHALE) (POOR BLEED)			SET SURFACE - 5:30 PM - 10/22/2013
6	466	OIL SAND (SOME SHALE) (FAIR BLEED)			CALLED IN 3:30 PM - TALKED TO BROOKE
20	486	SHALE			WELL TD - 645' FT.
1	487	COAL			WELL PLUGGED - 3:30 PM - 10/23/2013
7	494	SHALE			CALLED IN - 2:15 PM - TALKED TO BROOKE
7	501	LIME (SHALEY)			PLUGGING INFORMATION:
21	522	SHALE			595' FT. TO 645' FT. - 8 SACKS CEMENT
7	529	LIME			400' FT. TO 450' FT. - 8 SACKS CEMENT
7	536	SHALE			300' FT. TO SURFACE - 45 SACKS CEMENT
2	538	LIME			



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

Core Run #1

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	636	0:00	-----	SANDY SHALE	637'FT.
1	637	1:30	1.5		
2	638	3:30	2	OIL SAND (SHALEY) (FAIR BLEED)	638'FT.
3	639	6:00	2.5	OIL SAND (VERY SHALEY) (POOR BLEED)	639'FT.
4	640	8:30	2.5	SANDY SHALE	
5	641	12:00	3.5		
6	642	15:00	3		
7	643	18:00	3		
8	644	21:30	3.5		
9	645	25:30	4		
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					



1/2 Mile North of Lousburg
27295 Metcalf Rd.
P.O. Box 729
Lousburg, Kansas 66053
913-837-2955 • 1-800-521-1764

MOSSMAN LUMBER COMPANY

PRICE NO 1

True Value

CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCE	TERMS	CLERK	DATE	TIME
151			ORDER # 76254	NET 10%	RR	10/15/13	2:34

DELIVERY
 DELIVERY TIME
 10:00 AM - 5:00 PM
 66053

287TH & 1STY ROAD
 FRIDAY

DEL. DATE: 10/16/13 TERM#551
 SLSPR: RR ROBERT RAND
 TAX : 001 LOUISBURG, KS

DOC# 178697

 * INVOICE *

 ORDR 76254

QUANTITY	SHIP	ORDERED	UN	SKU	DESCRIPTION	UNITS	PRICE/PER	EXTENSION
160			EA	FLYASH	80# SX FLY ASH	160	5.20 /EA	832.00
350			EA	PORTLAND	94# PORTLAND CEMENT 1/TT	350	9.00 /EA	3,150.00
14			EA	PALLET	RETURNABLE PALLET	14	15.00 /EA	210.00 *
14			EA	WRAP	SHRINK WRAPPED PALLET	14	5.00 /EA	70.00
1			EA	FUEL	FUEL SURCHARGE	1	48.55 /EA	48.55

AMOUNT CHARGED TO STORE ACCOUNT # 4,683.41
 TAXABLE 4310.55
 NON-TAXABLE 0.00
 SUBTOTAL 4310.55

RECEIVED BY

TAX AMOUNT 372.85
 TOTAL DUE 4683.41

Anderson
5-12

FROM MOSSMAN LUMBER 9138375871

12-06-1 999 3:43AM