



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: _____



1168583

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
---	---

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

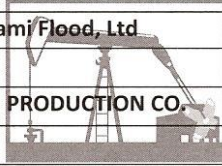
TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

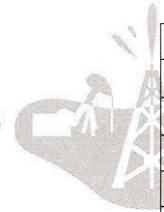
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
--	--	---

Lease:	Tarr 1	
Owner:	Diamond B Miami Flood, Ltd	
OPR #:	5876	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface: 20' of 7"	Cemented: 5 Sack	Hole Size: 9 7/8"
Longstring 601' 2 7/8 8 Round	Cemented: 86 Sack	Hole Size: 5 5/8"



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



Well #: D-12
Location: NE-SW-NE-SW S19 T16 R22
County: MIAMI - Paola-Rantoul
FSL: 1915'FT
FWL: 1750'FT
API#: 15-121-29534-00-00
Started: 8-2-13
Completed: 8-6-13

SN: NONE	Packer: NONE	TD: 689'FT
Plugged: Back To 620'FT - 10 Sacks	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	TOP SOIL	22	544	SHALE
9	11	CLAY	1	545	LIME
15	26	LIME	5	550	SHALE
5	31	SHALE	8	558	OIL SAND (SOME SHALE) (FAIR BLEED)
5	36	BLACK SHALE	10	568	LIME
7	43	LIME	5	573	SHALE
12	55	SANDY SHALE	3	576	LIME
14	69	LIME	12	588	SHALE
7	76	SHALE	1	589	COAL
1	77	RED BED	4	593	SHALE
4	81	SHALE	6	599	LIME (SHALEY)
8	89	SAND (DRY)	5	604	OIL SAND (SHALEY) (FAIR BLEED)
5	94	SHALE	12	616	SHALE
16	110	LIME	4	620	LIME
11	121	SANDY SHALE	3	623	COAL
25	146	SAND (DRY)	22	645	SHALE (LIMEY)
56	202	SHALE	4	649	LIME
20	222	LIME	5	654	BLACK SHALE
7	229	SHALE	6	660	SHALE
6	235	SANDY SHALE	2	662	LIME
17	252	SHALE	2	664	SHALE
5	257	LIME	3	667	LIME (SHALEY)
22	279	SHALE	3	670	LIGHT SHALE
24	303	LIME	1	671	SANDY SHALE
14	317	SHALE	2	673	SAND (DRY)
9	326	LIME	1	674	SANDY SHALE
4	330	SHALE	5	679	OIL SAND (SHALEY) (POOR BLEED)
14	344	LIME	2	681	SHALE
5	349	BLACK SHALE	3.5	684.5	SHALE (OIL SAND STREAKS)
22	371	LIME	TD	689	SHALE
4	375	BLACK SHALE			
4	379	LIME			
5	384	SHALE			Surface Set on 8/2/2013
4	388	LIME			Set Time 5:00 PM
27	415	SHALE			Called In 2:50 PM - Talked To Brooke
3	418	SAND (SHALEY) (OIL SHOW)			Well TD 689'Ft.
5	423	OIL SAND (SOME SHALE) (FAIR BLEED)			Long String 601'Ft. of 2 7/8" 8 Round Pipe
74	497	SHALE			Set Time 5:00 PM on 8/6/2013
10	507	SHALE (OIL SAND STREAKS)			Called In 3:45 PM - Talked To Brooke
14	521	SHALE			(Plugged Back To 620'Ft.)
1	522	COAL			

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

FROM :

2428360

INVOICE

07/10/13 08:11:01

DIAMOND EXPLORATION INC.
34475 W. 263RD ST.
PAOLA, KANSAS 66071

S
D
A
N
C
P

CUST#:103040.000B DEL DATE:07/10/13 OUR PO: 107052 TERMS: DUE THE 10TH FROM: 0 4056685

FRX NO. : 19132944954

LN	QTY	DESCRIPTION	ITEM #	UNITS	PRICE	AMOUNT
1	240	90# FLY ASH CONCRETE MIX	78011320E	240	5.77 EA	1384.80
2	280	PORTLAND CEMENT TYPE I/II 94#	780110500	280	9.40 EA	2632.00
3	14	TXI WOOD PALLET	78019000A	14	15.00 EA	210.00
4						
5		*** DELIVERED TO JOB SITE WITH				
6		EACH PALLET WRAPPED--PAYMENT				
7		DUE THE FOLLOWING DAY *****				
SUBTOTAL PAOLA SALES TAX TOTAL						4226.80 371.96 4598.76

Jul. 11 2013 07:45AM P1

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

RECEIVED BY STATEMENT COPY

