



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: _____



1168585

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 II	
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 3/4"
Longstring 678' 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 #: DT-12A
Location: NE-SE-SE-SW S16 T16 R22E
County: MIAMI - Paola-Rantoul
FSL: 385' FT
FWL: 2449' FT
API#: 15-121-29540-00-00
Started: 8-06-13
Completed: 8-08-13

SN: NONE	Packer: Rag 677' FT.	TD: 698' FT
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	TOP SOIL	2	585	LIME
18	20	CLAY	6	591	SHALE
11	31	LIME	1	592	COAL
2	33	SHALE	10	602	SHALE
3	36	BLACK SHALE	6	608	LIME
11	47	LIME	3	611	OIL SAND (SOME SHALE) (FAIR BLEED)
4	51	SANDY SHALE	15	626	SHALE
6	57	LIME	3	629	LIME
18	75	SHALE	2	631	COAL
4	79	RED BED	22	653	SHALE (LIMEY)
25	104	SHALE	4	657	LIME
13	117	LIME	5	662	BLACK SHALE
29	146	SHALE	9	671	SHALE
55	196	SANDY SHALE	2	673	LIME
21	210	SHALE	4	677	SHALE
5	231	LIME	1	678	OIL SAND (SHALLEY) (POOR BLEED)
24	236	SHALE	4	682	OIL SAND (SOME SHALE) (POOR BLEED)
14	250	SANDY SHALE	2	684	LIME
3	264	SHALE	1	685	OIL SAND (SHALLEY) (POOR BLEED)
2	267	LIME	3	688	OIL SAND (SOME SHALE) (FAIR BLEED)
2	269	BLACK SHALE	2	690	OIL SAND (SHALEY) (FAIR BLEED)
21	290	SHALE	3	693	OIL SAND (VERY SHALEY) (FAIR BLEED)
17	307	LIME	3	696	SHALE (OIL SAND STREAKS)
3	310	SANDY SHALE	TD	698	SHALE
16	236	SHALE			
24	350	LIME			
8	358	BLACK SHALE			
21	379	LIME			
5	384	BLACK SHALE			Surface Set on 8/06/2013
13	397	LIME			Set Time 6:00 PM
23	418	SHALE			Called In 3:45 PM - Talked To Brooke
3	421	SAND (DRY)			Well TD 698' Ft.
7	428	OIL SAND (SOME SHALE) (FAIR BLEED)			Long String 678' Ft. of 2 7/8" 8 Round Pipe
8	436	SANDY SHALE			Set Time 2:30 PM on 8/08/2013
91	527	SHALE			Called In 1:30 PM - Talked To Brooke
1	528	COAL			
28	556	SHALE			
7	563	OIL SAND (LIMEY) (FAIR BLEED)			
5	568	SHALE			
8	576	LIME			
7	583	SHALE			

FROM :

FAX NO. :19132944954

Jul. 25 2013 07:53AM P1

MIAMI LUMBER, INC.

1014 N. Pearl, P.O. Box 362, Paola, Kansas 66071

2428956

913-294-2041

INVOICE

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

07/25/13 07:52 MTI



OUR PO: 107232
 TERMS: DUE THE 10TH FROM: 04066811

CUST#: 102240.0009

LN	QTY	DESCRIPTION	ITEM #	UNITS	PRICE	AMOUNT
1	240	80# FLY ASH CONCRETE MIX	70011320E	240	5.77 50	1384.80
2	240	PORTLAND CEMENT TYPE 1 571 84#	700110500	240	3.40 50	816.00
3	24	1/2" 40# POLLET	700150000	24	35.00 50	840.00
4		**** DELIVERED TO JOB SITE WITH EACH POLLET WRAPPED---PAYMENT DUE THE FOLLOWING DAY ****				
5						
6						
7						
					SUBTOTAL	4220.80
					PAOLA SALES TAX	365.62
					TOTAL	4586.42



MIAMI LUMBER, INC.

E. Miami
Ch 4349
7/26/2013

All accounts due 10 days receipt of statement - overdue amounts subject to service charge, at lesser 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

