

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1175298

Form ACO-1

August 2013

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
- ☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer
- ☐ 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

☐ Confidentiality Requested

Date: _____

☐ Confidential Release Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	☐ Yes	☐ No	☐ Log	Formation (Top), Depth and Datum	☐ Sample
Samples Sent to Geological Survey	☐ Yes	☐ No	Name	Top	Datum
Cores Taken	☐ Yes	☐ No			
Electric Log Run	☐ Yes	☐ No			
List All E. Logs Run:					

CASING RECORD ☐ New ☐ 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				

Did you perform a hydraulic fracturing treatment on this well? ☐ Yes ☐ No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☐ No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? ☐ Yes ☐ No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)		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: ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled <i>(Submit ACO-5)</i> ☐ Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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FROM :

FAX NO. :19132944954

Jul. 25 2013 07:53AM P1

LOADED BY	DELIVERED BY	DELIVERY DATE
CHECKED BY	DATE ORDERED	SHIP VIA
	07/25/13	07:52 MTI

MIAMI LUMBER, INC.

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

2428956

913-294-2041

INVOICE

Diamond Export Inc.	ON THE
PAOLA, KANSAS	66071

OUR PO: 107232

TERMS: DUE THE 10TH

FROM: D 4066811

CUST#: 102040.0000

LN	QTY	DESCRIPTION	ITEM #	UNITS	PRICE	AMOUNT
1	240	004 FLY ASH CONCRETE MIX	700113200	240	5.77 50	1384.80
2	240	PORTLAND CEMENT TYPE 1 571 840	700110500	240	3.40 00	816.00
3	240	1 1/2" 4000 POLLET	700150000	240	15.00 00	3600.00
4		**** DELIVERED TO JOB SITE WITH				
5		EACH PALLET WRAPPED—PAYMENT				
6		DUE THE FOLLOWING DAY *****				
7						
					SUBTOTAL	4200.80
					PAOLA SALES TAX	665.62
					TOTAL	4866.42



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

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 7/8"
Longstring 695' of 2 7/8 8 Round	Cemented: 87 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 #: Ti - 15
Location: SW-NE-SE-SW S19 T16 R22
County: MIAMI-PAOLA-RANTOUL
FSL: 795'FT
FWL: 2080'FT
API#: 121-29544-00-00
Started: 7-31-13
Completed: 8-1-13

SN:	Packer:	TD: 701'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	TOP SOIL	12	613	SHALE
8	10	CLAY	3	616	LIME
10	20	LIME	3	619	COAL
3	23	SHALE	32	651	SHALE (LIMEY)
4	27	BLACK SHALE	5	656	SHALE
11	38	LIME	3	659	LIME
6	44	SANDY SHALE	2	661	SHALE
5	49	SAND (DRY)	1	662	LIME
16	65	LIME	5	667	SHALE
28	93	SHALE	2	669	SANDY SHALE (LIMEY)
14	107	LIME	6	675	OIL SAND (SOME SHALE) (POOR BLEED)
7	114	SHALE	2.5	677.5	OIL SAND (SHALEY) (POOR BLEED)
6	120	SANDY SHALE	2.5	680	SHALE (OIL SAND STREAK)
25	145	SAND (DRY)	TD	701	SHALE
54	199	SHALE			
19	218	LIME			
11	229	SHALE			
7	236	SAND (DRY)			
15	251	SHALE			
5	256	LIME			
22	278	SHALE			
21	299	LIME			
16	315	SHALE			
23	338	LIME			
5	343	BLACK SHALE			
6	349	SHALE			
20	369	LIME			
4	373	BLACK SHALE			
12	385	LIME			
25	410	SHALE			
6	416	OIL SAND (SHALEY) (FAIR BLEED) (SLIGHT FLOW)			
4	420	SANDY SHALE (OIL SAND STREAKS)			SET SURFACE PIPE 7/31/2013
74	494	SHALE			SET TIME 4:00 pm - CALLED IN 2:00 PM - TALKED TO BROOKE
6	500	SHALE (OIL SAND STREAK) (FAIR BLEED)			WELL TD 701'FT
52	552	SHALE			SET LONG STRING 695'FT OF 2 7/8" - 8 ROUND PIPE
10	562	LIME			SET TIME 3:00 PM - 8/1/2013
7	569	SHALE			CALLED IN 2:00 PM - TALKED TO BROOKE
2	571	LIME			
19	590	SHALE			
8	598	LIME			
3	601	SHALE (OIL SAND STREAKS)			

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

Total: \$33,192.00