



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1185619  
OIL & GAS CONSERVATION DIVISION

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
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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: \_\_\_\_\_

1185619

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops 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.

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>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> 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 <i>(Amount and Kind of Material Used)</i>	Depth

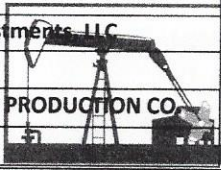
TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Owner:	Maschler	
OPR #:	Bauer Oil Investments, LLC	
Contractor:	34221	
OPR #:	DALE JACKSON PRODUCTION CO.	
Surface:	Cemented:	Hole Size:
20' of 6"	5 sacks	8 3/4"
Longstring	Cemented:	Hole Size:
442' FT.	50 sacks	5 5/8"
2 7/8" 8rd		



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



Well #: 37
Location: NE-SW-NW-SE S7 T17 R25E
County: Miami
FNL: 3375' FT.
FEL: 2050' FT.
API#: 15-121-29670-00-00
Started: 11/04/13
Completed: 11/08/13

SN: NONE	Packer:	TD: 450' FT.
Plugged:	Bottom Plug:	

## Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
3	3	Top Soil	3	438	LIME
11	14	CLAY & GRAVEL	6	444	SHALE
6	20	SHALE	TD	450	LIME
12	32	LIME			
7	39	SHALE			
12	51	SAND (DRY)			
7	58	SHALE			
1	59	BLACK SHALE			
26	85	SHALE			
5	90	LIME			
7	97	SANDY SHALE			
21	118	SHALE			
10	128	LIME			
15	143	SHALE			
28	171	LIME			
3	174	BLACK SHALE			
4	178	SHALE			
21	199	LIME			
6	205	BLACK SHALE			
2	207	LIME			
6	213	SHALE			
5	218	LIME			
1	219	BLACK SHALE			
5	224	SHALE			
5	229	SANDY SHALE			
136	365	SHALE			
1	366	COAL			
2	368	SHALE			
3	371	SAND (DRY) (SHALEY)			
21	392	SHALE			SURFACE SET - 3:30 PM ON 11/04/2013
1	393	SHALE (LIMEY)			CALLED 2:15 PM - TALKED TO BROOKE
2	395	SHALE (OIL SAND STREAK)			WELL TD 450' FT.
2	397	OIL SAND (SOME SHALE) (FAIR BLEED)			LONGSTRING 444' FT. 2 7/8" 8RD PIPE
6	403	OIL SAND (FAIR BLEED)			SET TIME - 3:00 PM ON 11/08/2013
2.5	405.5	LIME			CALLED 2:10 PM - TALKED TO BROOKE
3.5	409	OIL SAND (FAIR BLEED) (SOME SHALE)			
3	412	SHALE (OIL SAND STREAKS)			
10	422	SHALE			
4	426	LIME			
4	430	SHALE			
5	435	SHALE (LIMEY)			



HURRICANE SERVICES INC  
OILFIELD SERVICES  
MADISON, KANSAS

Hurricane Services, Inc.  
3613 A Y Road  
Madison, KS 66860  
620-437-2661

Ticket Number 1204

Location

Foreman

*[Signature]* #592

FRAC Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
1/16/15		MASCHLET #37 NW		MTS
Customer		Mailing Address	City	State Zip
BAUER OIL INVESTMENT				KS

Well Data		Truck #	Driver	Truck #	Driver
Casing Size 2 7/8	Total Depth 442.8	303/320	CLAYTON		
Casing Weight	Plug Depth	312/311	DAVID		
Tubing Size	Packer Depth	B 111	JEFF		
Tubing Weight	Open Hole	106	CHARLIE		
Perfs 394-402 13 / 405-410 11			ARNOLD		
Break PSI	Max PSI				
Treat PSI	ISIP				

Quantity	Acid	Additives Used	Charge
1	303	Pump Charge	975 <sup>00</sup>
200	15%	Acid with inhibitor	390 <sup>00</sup>
3/4		NE-320	17 <sup>93</sup>
1/2		FSW-4100	11 <sup>40</sup>
1/2		Iron Stay	24 <sup>00</sup>
		Clay Stay	
40		KCL	105 <sup>20</sup>
2		Biocide	76 <sup>00</sup>
5	SP-902	Gel	225 <sup>00</sup>
1/4	LEB	Breaker	40 <sup>30</sup>
3/6	7/6 1.34	Ball Sealers	63 <sup>00</sup>
1		Ball Gun	50 <sup>00</sup>
50	303	Pump truck Mileage	162 <sup>50</sup>
1	320	Acid Transport	N/C
		Acid Spotter	
1	312/311	Sand Truck	250 <sup>00</sup>
50	392	Pickup Mileage	75 <sup>00</sup>
23/4	111/106	80 Vac	462 <sup>00</sup>
		Transport	
7		20/40 Sand	210 <sup>00</sup>
21		12/20 Sand	672 <sup>00</sup>
2		SR-445	54 <sup>20</sup>
		*BOD	
		Total	3863 <sup>23</sup>

Remarks: RIG UP LOADS & BREAK 1100. 100GPM PUMP 200 15% & 130 BALLS.  
 PSI UP 3000: SURGE AND FLUSH TO PERIS. KUDRE BALLS. OFF. RIG UP  
 TEST LOG. EST. RATE 100GPM @ 600. PUMP 10 BBL PAD START SAND  
 7 SKS 20140 PSI 800. START 12/20. PSI UP 1000 5 SKS @ 1200  
 DRIVE 1050. 7 SKS 2 BALLS 1100 PSI. 12 SKS 2 BALLS PSI 1250 15 SKS  
 2 BALLS 2700 DRIVE 2100 21 SKS @ FLUSH 10 OVER ISIP 600.  
 90 BBL TO PAD

Customer Signature