



KANSAS CORPORATION COMMISSION 1201258
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013
Form must be Typed
Form must be Signed
All blanks must be Filled

Confidentiality Requested:

Yes No

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: _____

1201258

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

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> _____	PRODUCTION INTERVAL: _____ _____
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DIEBOLT LUMBER AND SUPPLY INC.

2661 Nebraska Road
La Harpe, Kansas 66751

FAX: (620) 496-2226
PHONE: (620) 496-2222

CUST NO: *5 JOB NO: 000 PURCHASE ORDER: REFERENCE: TERMS: CASH/CHECK/BANKCARD CLERK: RS DATE / TIME: 9/9/13 2:20

SOLD TO:
**** CASH ****

SHIP TO:
JACKSON

TERMINAL: 554

SALESPERSON: RS ROLAND SUTTERBY
TAX: 001 KANSAS TAX

INVOICE: A07495

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	LOCATION	UNITS	PRICE/ PER	EXTENSION
1	5	5	BG	94PC	94# TYPE I PORTLAND CEMENT	2	5	10.45 /BG	52.25

*NORTH DAWSON
well # y*

** PAID IN FULL **

56.19 TAXABLE 52.25
NON-TAXABLE 0.00
SUBTOTAL 52.25

CHECK PAYMENT
CK# 5503

56.19 TAX AMOUNT 3.94
TOTAL 56.19



TOT WT: 470.00

X _____
Received By

Lone Jack Oil Company
Blue Mound, KS
1-913-756-2307 1-620-363-0492

Lease North Dawson Operator: Lone Jack Oil API # 15-001-30782-00-00
 Contractor: Lone Jack Oil Company Date Started: 9/11/13 Date Completed: 9/17/13
 Total Depth: 678 feet Well # 4 Hole Size: 5 5/8
 Surface Pipe: 20' 7" Surface Bit: 9 7/8 Sacks of Cement: 5
 Depth of Seat Nipple: _____ Rag Packer At: _____
 Length and Size of Casing: 669'- 2 7/8 Sacks of Cement: 85
 Legal Description: SE SW SE SE Sec: 15 Twp: 24S Range: 21E County: Allen

Thickness	Depth	Type of Formation	Core Thickness	Depth	Time
1	1	Top Soil			
67	68	Lime			
5	73	Shale			
3	76	Lime			
2	78	Shale			
20	98	Lime			
3	101	Shale			
6	107	Lime			
2	109	Shale			
6	115	Lime			
3	118	Shale			
19	137	Lime			
145	282	Shale			
3	285	Lime			
6	291	Shale			
1	292	Lime			
3	295	Shale			
4	299	Lime			
2	301	Shale			
2	303	Lime			
3	306	Shale			
10	316	Lime			
73	389	Shale			
18	407	Lime			
4	411	Shale			
6	417	Lime			
43	460	Shale			
17	477	Lime			
7	484	Shale			
5	489	Lime			
95	584	Shale			
2	586	Lime			
80	666	Shale			
6	672	Oil Sand (Little Bleed)			Take Bottom 2 feet
4	676	Oil Sand (Good Bleed)			
2	678	Black Sand			
	678	TD			

PAYLESS CONCRETE PRODUCTS, INC.

P.O. BOX 664
802 N. INDUSTRIAL RD.
IOLA, KS 66749

INVOICE

Invoice Number: 35012
Invoice Date: Sep 17, 2013
Page: 1

Voice: 620-365-5588

Fax:

Duplicate

Bill To:
CASH FOR C.O.D.'S 802 N. INDUSTRIAL RD. IOLA, KS 66749

Ship to:
LONEJACK OIL CO. 509 E. WALNUT BLUE MOUND, KS 66010

Customer ID	Customer PO	Payment Terms	
CASH/C.O.D.	LONEJACK/N DAWSON #4	C.O.D.	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	TRUCK		9/17/13

Quantity	Item	Description	Unit Price	Amount
85.00	CEMENT/WATER	CEMENT & WATER PER BAG MIX	5.50	467.50
85.00	MH	MIXING & HAULING	2.50	212.50
1.50	TRUCKING	TRUCKING CHARGE	55.00	82.50

Subtotal	762.50
Sales Tax	56.43
Total Invoice Amount	818.93
Payment/Credit Applied	
TOTAL	818.93

Check/Credit Memo No: