



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1207758
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: _____

1207758

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

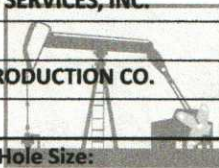
TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

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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Lease : HARVEY		
Owner:	BOBCAT OILFIELD SERVICES, INC.	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface: 20FT, 6IN	Cemented: 5 SACKS	Hole Size: 8 3/4
Longstring	Cemented: 60	Hole Size: 5 5/8



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



Well #: C-7
Location: N2,-SE-SE, S:5, T: 20, S.R.: 23, E
County: LINN
FSL: 990
FEL: 660
API#: 15-107-24254-00-00
Started: 11-16-10
Completed: 11-17-10

SN: NONE	Packer:	TD: 302
Plugged: TOP TO TD	Bottom Plug: 302'	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	TOP SOIL			SURFACE: 11-16-10 SET TIME: 4:00 P.M. CALLED: 1:15 P.M. JUDY PLUG 11-17-10 PLUG TIME: 4:00 P.M. CALLED 3:00 P.M. TYLOR
7	8	LIME			
2	10	CLAY			
2	12	SHALE			
4	16	BLACK SHALE			
20	36	LIME			
3	39	SHALE			
4	43	BLACK SHALE			
13	56	LIME			
1	57	BLACKSHALE			
18	75	SANDY SHALE (LIMEY)			
25	100	SHALE			
17	117	SANDY SHALE (DRY SAND STK)			
90	207	SHALEY			
1	208	BLACK SHALE			
7	215	SHALE			
6	221	SANDY SHALE (LIMEY)			
23	244	SHALE			
11	255	LIME			
4	259	SHALE (FLOW OF WATER VERY LITTLE)			
2	261	OIL SAND (SHALEY) (POOR BLEED) (FLOW OF WATER VERY LITTLE)			
2.5	263.5	OIL SAND (SOME SHALE) "WATER" (VERY LITTLE OIL)			
1	264.5	SANDY SHALE (NO OIL)			
1	265.5	LIME			
8.5	274	SANDY SHALE (SOME OIL SAND STREAKS) (POOR BLEED)			
.5	274.5	LIME			
1	275.5	OIL SAND (VERY SHALEY) (FAIR BLEED)			
1	276.5	SANDY SHOW (SOME OIL SAND STREAKS) (POOR BLEED)			
1	277	OIL SAND (VERY SHALEY) (FAIR BLEED)			
1	278	SANDY SHALE SOME OIL SAND STREAKS			
1	279	OIL SAND (VERY SHALEY) (FAIR BLEED)			
8	287	SANDY SHALE (SOME OIL SAND STREAKS) (POOR BLEED)			
1	288	SANDY SHALE (SOME OIL SAND SREAKS) (FAIR BLEED)			
1.5	289.5	OIL SAND (SHALEY) (FAIR BLEED)			
TD	302	SHALE			



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



Core Run # 1

Lease :	HARVEY
Owner:	BOBCAT OILFIELD SERVICES, INC.
OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339

Well #: C-7
Location: N2,-SE-SE, S:5, T: 20, S.R.: 23, E
County: LINN
FSL: 990
FEL: 660
API#: 15-107-24254-00-00
Started: 11-16-10
Completed: 11-17-10

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	261		-----	OIL SAND (SOME SHALE) "WATER" (VERY LITTLE OIL)	263.5
1	262		1		
2	263		1		
3	264		1.5	SANDY SHALE (NO OIL)	264.5
4	265		1.5	LIME	265.5
5	266		1.5	SANDY SHALE (SOME OIL SAND STREAKS) (POOR BLEED)	274
6	267		1.5		
7	268		1.5		
8	269		1.5		
9	270		1.5		
10	271		1.5		
11	272		1.5		
12	273		1.5		
13	274		1.5		
14	275		2	LIME	
15	276		2	OIL SAND (VERY SHALEY) FAIR BLEED	275.5
16	277		1.5	SANDY SHALE (SOME OIL SAND STEAKS) (POOR BLEED)	276.5
17	278		1.5	OIL SAND (VERY SHALEY) (FAIR BLEED)	277
18	279		1.5	SANDY SHALE SOME OIL SAND STREAKS (POOR BLEED)	278
19	280		2	OIL SAND (VERY SHALEY) FAIR BLEED	279
20	281		1.5	SANDY SHALE (SOME OIL SAND STEAKS) (POOR BLEED)	

Avery Lumber
 P.O. BOX 66
 MOUND CITY, KS 66056
 (913) 795-2210 FAX (913) 795-2194

Customer Copy
INVOICE
 PLEASE REFER TO INVOICE NUMBER
 ON ALL CORRESPONDENCE

Page: 1		Invoice: 10025897
Special :		Time: 15:24:51
Instructions :		Ship Date: 11/10/10
		Invoice Date: 11/18/10
Sale rep #: MAVERY MIKE	Acct rep code:	Due Date: 12/05/10
Sold To: BOBCAT OILFIELD SRVC, INC C/O BOB EBERHART 30805 COLDWATER RD LOUISBURG, KS 66053		Ship To: BOBCAT OILFIELD SRVC, INC (913) 837-2823 (913) 837-2823
Customer #: 3570021	Customer PO:	Order By: TERRY

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
280.00	280.00	L	BAG	CPPC	PORTLAND CEMENT	7.9900 BAG	7.9900	2237.20
240.00	240.00	L	BAG	CPPM	POST SET FLY ASH 75#	5.1000 BAG	5.1000	1224.00
14.00	14.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00

Direct Delivery
Harvey
OKRS
C-7 11-17
Dry hole

INVOICE

FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA LINN COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION X	Sales total \$3899.20
	Taxable 3899.20 Non-taxable 0.00 Tax # _____
	Sales tax 233.05

TOTAL \$3932.25

2 - Customer Copy

