



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1231804
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: _____

1231804

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 <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 List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Dale Jackson Production Co.
Box 266, Mound City, Ks 66056



Cell # 620-363-2683

Office # 913-795-2991

Surface: 20' of 6"	Cemented: 5 Sacks	Hole Size: 8 3/4"
Longstring: 717' of 2 7/8" 8 round pipe	Cemented: 90 sacks	Hole Size: 5 5/8"

Well #: 5W-14
Location: NE,NE,SW,SW,S24-T16-R21E
County: Miami
FSL: 1025' S
FEL: 3967' E
API#: 15-121-30603-00-00
Started: 9/15/2014
Completed: 9/16/2014

SN:	Packer:	TD: 721'
Plugged:	Bottom Plug:	
Lease:	Alva Schendel	
Owner:	Bobcat Oilfield Services, Inc.	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	

Well

Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil	7	603	Shale
8	10	Clay	4	607	Lime
19	29	Lime	3	610	Sandy Shale (Oil Sand Stks)
5	34	Black Shale	14	624	Shale
12	46	Lime	1	625	Lime
9	55	Sandy Shale	3	628	Coal
19	74	Lime	25	653	Shale
4	78	Shale	2	655	Lime
3	81	Red Bed	11	666	Shale
7	88	Shale	1	667	Lime
14	102	Sandy Shale	8	675	Shale
16	118	Lime	1	676	Sandy Shale (Oil Sand Stks)
33	151	Sandy Shale	8	684	Oil Sand (Some Shale)(Fair Bleed)
56	207	Shale	3	687	Sandy Shale (Oil Sand Stks)
20	227	Lime	TD	721	Shale
6	233	Shale			
12	245	Sandy Shale			
12	257	Shale			
9	266	Lime			
2	268	Shale			
1	269	Coal			
16	285	Shale			
11	296	Sand (Dry)			
12	308	Lime			
16	324	Shale			
25	349	Lime			
3	352	Shale Black			
7	359	Shale			
19	378	Lime			
4	382	Black Shale			
5	387	Lime			
3	390	Shale			
4	394	Lime			
110	504	Shale			
3	507	Sandy Shale (Oil Show)			
27	534	Shale			
7	541	Shale (Limey)			
20	561	Shale			
8	569	Lime			SET SURFACE - 2:30 PM - 9/15/14
8	577	Shale			CALLED IN 11:40 AM - TALKED TO BROOKE
1	578	Lime (Shaley)			LONGSTRING - 717' of 2 7/8" 8' ROUND PIPE
17	595	Shale			SET TIME 1:30 PM - 9/16/14
1	596	Coal			CALLED IN 12:10 AM - TALKED TO RYAN



1/2 Mile North of Louisburg
27295 Matcalf Rd.
P.O. Box 729
Louisburg, Kansas 66053
913-837-2955 • 1-800-521-1764

MOSSMAN LUMBER COMPANY

PAGE NO: 1

True Value.

COPY

CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	PRESENTS NO.	TERMS	CLERK	DATE	TIME
251			DRR 8 80605	NET 10TH	RR	9/12/14	12:42

BUNNY OIL
 SUITE 102
 602 WEST AVENUE
 LOUISBURG, MO 66053

26886 PLEASANT VALLEY ROAD
 LOUISBURG, MO 66053

DEL. DATE: 9/ 9/14 TENNESSEE
 SLSPR: RR ROBERT RAND
 TAX : 001 LOUISBURG, MS
 DOC# 179581

 * INVOICE *

 DRR 80605

FROM MOSSMAN LUMBER 9138375871

QUANTITY SHIPPED	QUANTITY ORDERED	UM	SKU	DESCRIPTION	UNITS	PRICE/UNIT	EXTENSION
280		EA	FLYASH	80# BX FLY ASH CLASS C	280	5.45 /EA	1,526.00
245		EA	PORTLAND	94# PORTLAND CEMENT 1/17	245	9.50 /EA	2,327.50
14		EA	PALLET	RETURNABLE PALLET	14	15.00 /EA	210.00
14		EA	WRAP	SHRINK WRAPPED PALLET	14	5.00 /EA	70.00
1		EA	FUEL	FUEL SURCHARGE	1	50.41 /EA	50.41

*Alva Schendel
5W44*

VK

** AMOUNT CHARGED TO STORE ACCOUNT **	4,556.28	TAXABLE	4183.91
		NON-TAXABLE	0.00
		SUBTOTAL	4183.91
		TAX AMOUNT	372.37
		TOTAL AMOUNT	4556.28

RECEIVED BY

4556.28

10-30-2000 2:00AM