



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1231806
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: _____

1231806

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Cell # 620-363-2683

Dale Jackson Production Co.
Box 266, Mound City, Ks 66056

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"

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

Well #: 6W-14
Location: NE,SE,SW,SW,S24-T16-R21E
County: Miami
FSL: 612' S
FEL: 3967' E
API#: 15-121-30604-00-00
Started: 9/16/2014
Completed: 9/17/2014

Well

Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil	3	636	Coal
10	12	Clay	22	658	Shale
17	29	Lime	4	662	Lime (Shaley)
5	34	Black Shale	11	673	Shale
12	46	Lime	1	674	Lime
8	54	Sandy Shale	7	681	Shale
21	75	Lime	1	682	Sand (Dry)(Limey)
6	81	Shale	5	687	Oil Sand (Some Shale)(Good Bleed)
3	84	Red Bed	3	690	Oil Sand (Shaley)(Good Bleed)
11	95	Shale	2	692	Oil Sand (Some Shale)(Good Bleed)
7	102	Sandy Shale	2	694	Oil Sand (Shaley)(Good Bleed)
16	118	Lime	2	696	Oil Sand (Some Shale)(Fair Bleed)
33	151	Sandy Shale	2	698	Sandy Shale (Oil Sand Stks)
55	206	Shale	TD	721	Shale
19	225	Lime			
5	230	Shale			
19	249	Sandy Shale			
9	258	Shale			
7	265	Lime			
2	267	Shale			
1	268	Coal			
18	286	Shale			
10	296	Sand (Dry)			
13	309	Lime			
17	326	Shale			
25	351	Lime			
3	354	Black Shale			
9	363	Shale			
21	384	Lime			
4	388	Black Shale			
5	393	Lime			
2	395	Shale			
5	400	Lime			
109	509	Shale			
5	514	Sandy Shale			
52	566	Shale			
8	574	Lime			
33	607	Shale			
4	611	Lime			SET SURFACE - 2:30 PM - 9/16/14
1	612	Shale			CALLED IN 12:10 PM - TALKED TO RYAN
2	614	Sandy Shale (Oil Show)			LONGSTRING - 717' of 2 7/8" 8' ROUND PIPE
17	631	Shale			SET TIME 12:30 PM - 9/17/14
2	633	Lime			CALLED IN 11:40 AM - TALKED TO BROOKE

RECEIVED BY

X

QUANTITY	UNIT	DESCRIPTION	PRICE	TOTAL
280	EA	FLYASH	5.45 / EA	1,385.00
245	EA	PORTLAND	9.50 / EA	2,327.50
14	EA	PALETT	15.00 / EA	210.00
14	EA	SHANK WRAPPED PALETT	5.00 / EA	70.00
1	EA	FUEL SURCHARGE	30.41 / EA	30.41

*Alva Schendel
6-14-14*

W

ORDER NO. 80503
 TRX : RR ROBERT ROAD 001 LOUISBURG, KS
 DEL. DATE: 9/ 9/14 (TENESSI)
 SLSPR: *****
 DOC# 179581
 * INVOICE *

DATE	TIME	NO	MT-101B	ORDER #	REFERENCE	EXCHANGE ORDER NO.	JOB NO.	QUANTITY
9/12/14	14:48							

COPY

PAGE NO. 1

True Value

MOSSMAN LUMBER COMPANY
 1/2 Mile North of Louisville
 27295 Mercat Rd.
 P.O. Box 728
 Louisville, Kansas 66053
 913-837-2955 • 1-800-521-1764



4556-28

TAX AMOUNT 372.27
 TIME ORDER 4556-28
 4183.91
 0.00
 4183.91