



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1231811
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: _____

1231811

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> _____	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: 719' of 2 7/8" 8 round pipe	Cemented: 90 sacks	Hole Size: 5 5/8"
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 #: 9W-14
Location: NW,SE,NW,SW,S24-T16-R21E
County: Miami
FSL: 1836' S
FEL: 4323' E
API#: 15-121-30474-00-00
Started: 8/27/2014
Completed: 8/28/2014

Log

Well

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
3	3	Top Soil	2	517	Light Sandy Shale
7	10	Clay	10	527	Shale (Limey)
24	34	Lime	19	546	Shale
4	38	Shale	5	551	Shale (Limey)
2	40	Black Shale	6	557	Shale
11	51	Lime	4	561	Shale (Limey)
7	58	Lime (Shaley)	7	568	Shale
20	78	Lime	6	574	Lime
5	83	Shale	3	577	Shale (Limey)
4	87	Red Bed	6	583	Shale
10	97	Shale	2	285	Lime
7	104	Sandy Shale	14	599	Shale
15	119	Lime	2	601	Coal
36	155	Sandy Shale	4	605	Shale
54	209	Shale	4	609	Lime
20	229	Lime	2.5	611.5	Shale (Limey)
7	236	Shale	3.5	615	Shale (Oil Sand Stks)(Poor Bleed)
6	242	Sandy Shale (Slight Oil Show)	12	677	Shale
16	258	Shale (Limey)	4	631	Lime
8	266	Lime	3	634	Coal
2	268	Shale	20	654	Shale (Limey)
1	269	Coal	3	657	Lime
17	286	Shale	7	664	Shale (Limey)
13	299	Sandy Shale (Oder)	1	665	Black Shale
9	308	Lime	4	669	Shale (Limey)
20	328	Shale	2	671	Lime
25	353	Lime	3	674	Shale
2	355	Black Shale	1	675	Shale (Limey)
7	362	Shale	2	677	Shale
23	385	Lime	1	678	Light Shale
4	389	Black Shale	1	679	Light Shale (Oil Sand Stks)(Poor Bleed)
3	392	Lime	4	683	Oil Sand (Some Shale)(Fair Bleed)
4	396	Shale	2	685	Oil Sand (Good Bleed)
6	402	Lime	1	686	Oil Sand (Some Shale)(Good Bleed)
4	406	Shale	1.5	687.5	Oil Sand (Good Bleed)
5	411	Shale (Limey)	1.5	689	Oil Sand (Shaley)(Fair Bleed)
18	429	Shale	3	692	Sandy Shale (Oil Sand Stks)(Poor Bleed)
10	439	Sandy Shale	4	696	Sandy Shale
66	505	Shale	TD	721	Shale
4	509	Light Sandy Shale			SET SURFACE - 3:00 PM - 8/27/2014
1	510	Lime			CALLED IN 12:36 PM - TALKED TO BROOKE
1	511	Light Sandy Shale			LONGSTRING - 719' of 2 7/8" 8' ROUND PIPE
4	515	Sandy Shale (Oil Sand Stks)(Poor Bleed)			SET TIME 2:00 PM - 8/28/2014

CALLLED IN 12:42 PM- TALKED TO TAYLOR

RECEIVED BY

QUANTITY	UNIT	DESCRIPTION	PRICE	AMOUNT	EXTENSION
240	EA	800 SX FLY ASH CLASS C	5.45 /EA	1,308.00	
280	EA	944 PORTLAND CEMENT 1/11	9.50 /EA	2,660.00	
14	EA	RETURABLE PALLET	15.00 /EA	210.00 *	
14	EA	SHRINK WRAPPED PALLET	5.00 /EA	70.00	
1	EA	FUEL SURCHARGE	50.41 /EA	50.41	
				4,298.41	
				0.00	
				4,298.41	

** AMOUNT CHARGED TO STATE ACCOUNT **
 913-980-3858
 ALICE SCHENDEL
 8/18/14

ORDER NO. 90398
 ORDER DATE: 8/22/14
 ORDER TIME: 7:50
 ORDER TERMS: NET 10TH
 ORDER REFERENCE: 179541
 ORDER PURCHASE ORDER NO.:
 ORDER DATE: 8/18/14
 ORDER TIME: 7:50
 ORDER TERMS: NET 10TH
 ORDER REFERENCE: 179541
 ORDER PURCHASE ORDER NO.:
 ORDER DATE: 8/18/14
 ORDER TIME: 7:50
 ORDER TERMS: NET 10TH
 ORDER REFERENCE: 179541
 ORDER PURCHASE ORDER NO.:

True Value

MOSSMAN LUMBER COMPANY
 1/2 Mile North of Louisville
 27298 Mercant Rd.
 P.O. Box 729
 Louisville, Kansas 66053
 913-637-2955 - 1-800-821-1764

