



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1231814
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
-----------------------------------	-----------------	---

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: _____

1231814

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
--	---

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"/> Commingled <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
--	---	---

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: 718' 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 #: 11W-14
Location: NW,NE,SW,SW,S24-T16-R21E
County: Miami
FSL: 1023' S
FEL: 4324' E
API#: 15-121-30476-00-00
Started: 8/25/2014
Completed: 8/28/2014

Log Well

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
3	3	Top Soil	19	563	Shale
5	8	Clay	8	571	Lime
20	28	Lime	11	582	Shale (Limey)
3	31	Black Shale	15	597	Shale
3	34	Shale	2	599	Coal
11	45	Lime	3	602	Shale
8	53	Lime (Shaley)	7	609	Lime
18	71	Lime	1	610	Shale (Limey)(Oil Sand Stks)(Poor Bleed)
5	76	Shale	3	613	Sandy Shale (Oil Sand Stks)(Poor Bleed)
3	79	Red Bed	12	625	Shale
9	88	Shale	3	628	Lime
11	99	Sandy Shale	3	631	Coal
17	116	Lime	23	654	Shale (Limey)
37	153	Sandy Shale	2	656	Lime
53	206	Shale	3	659	Shale (Limey)
19	225	Lime	2	661	Coal
7	232	Shale	5	666	Shale (Limey)
15	247	Sandy Shale	1	667	Lime
7	254	Light Shale (Limey)	7	674	Shale (Limey)
9	263	Lime	2	676	Light Shale (Limey)(Oder)
1	264	Coal	1	677	Light Shale (Oil Sand Stks)(Poor Bleed)(Limey)
15	279	Shale	1	678	Oil Sand (Limey)(Some Shale)(Fair Bleed)
3	282	Lime	4	682	Oil Sand (Some Shale)(Good Bleed)
11	293	Sandy Lime (Oder)	1	683	Oil Sand (Very Shaley)(Fair Bleed)
10	303	Lime	1.5	684.5	Oil Sand (Some Shale)(Fair Bleed)
20	323	Shale	3.5	688	Oil Sand (Very Shaley)(Fair Bleed)
25	348	Lime	10	698	Sandy Shale (Oil Sand Stks)(Poor Bleed)
2	350	Black Shale	TD	721	Shale
6	356	Shale			
23	379	Lime			
5	384	Black Shale			
3	387	Lime			
4	391	Shale			
5	396	Lime			
8	404	Shale (Limey)			
15	419	Shale			
22	441	Sandy Shale			
62	503	Shale			
3	506	Light Shale (Limey)			SET SURFACE - 3:00 PM - 8/25/14
4	510	Light Sandy Shale (Oil Sand Stks)(Poor Bleed)			CALLED IN 1:05 PM - TALKED TO BROOKE
11	521	Light Shale (Limey)			LONGSTRING - 718' of 2 7/8" 8' ROUND PIPE
16	537	Shale			SET TIME 2:00 PM - 8/26/14
7	544	Light Shale (Limey)			CALLED IN 12:11 PM - TALKED TO STEVE

RECEIVED BY

4500
32356
11-82841

4298.41
0.00
4298.41

1298.41
0.00
4298.41

1298.41
0.00
4298.41

4,580.97

4,580.97

11-14
Alva Schwedel

QUANTITY	UNIT	DESCRIPTION	PRICE	AMOUNT
240	EA	808 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	RETURNABLE 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

CLINT
913-900-3858

ORDER 80398

DEL. DATE: 8/18/14 TENNESSEE

SLS PR: MR ROBERT RYAN

TRX: 001 LOUISIANS, KS

* INVOICE *

BOOK 179541

MOSSMAN LUMBER CO.
STATE ID
FOR RESIDENTIAL WATER USE

MOSSMAN LUMBER CO.
STATE ID
FOR RESIDENTIAL WATER USE

CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCE	ORDER #	DATE	TERMS	NET 10TH	IN	OUT	DATE	TIME

True Value

MOSSMAN LUMBER COMPANY

1/2 Mile North of Louisville
27296 Metcalf Rd.
P.O. Box 729
Louisburg, Kansas 66053
913-837-2955 - 1-800-521-1754

