



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1231829  
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: \_\_\_\_\_

1231829

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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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: 714' 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 #: 14W-14
Location: SE,NW,NW,SW,S24-T16-R21E
County: Miami
FSL: 2246' S
FEL: 4675' E
API#: 15-121-30479-00-00
Started: 8/29/2014
Completed: 9/02/2014

# Log

## Well

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil	3	552	Shale (Limey)
6	8	Clay	7	559	Shale
20	28	Lime	9	568	Lime
6	34	Shale	9	577	Shale (Limey)
11	45	Lime	17	594	Shale
7	52	Shale (Limey)	2	596	Coal
20	72	Lime	2	598	Shale
3	75	Shale	7	605	Lime
3	78	Red Bed	2	607	Light Sandy Shale(Limey)(Oil Sand Stks)(Poor Bleed)
10	88	Shale	2	609	Sandy Shale (Oil Sand Stks)(Poor Bleed)
9	97	Sandy Shale	12	621	Shale
15	112	Lime	3	624	Lime
31	143	Sandy Shale (Dry Sand Stks)	3	627	Black Shale
60	203	Shale	4	631	Shale (Limey)
19	222	Lime	3	634	Lime
10	232	Shale	12	646	Shale(Limey)
6	238	Sandy Shale (Dry Sand Stks)	5	651	Lime
14	252	Shale	7	658	Shale
6	258	Lime	1	659	Coal
3	261	Shale	4	663	Shale
8	269	Sandy Shale	2	665	Lime
17	286	Shale	6	671	Shale (Limey)
3	289	Sand (Dry)	1	672	Light Shale (Oder)
3	292	Shale	2	674	Light Shale (Oil Sand Stks)(Poor Bleed)
7	299	Lime	1.5	675.5	Oil Sand (Shaley)(Fair Bleed)
23	322	Shale	2	677.5	Oil Sand (Some Shale)(Good Bleed)
27	349	Lime	1.5	679	Oil Sand (Shaley)(Fair Bleed)
2	351	Shale	1	680	Oil Sand (Very Shaley)(Fair Bleed)
3	354	Black Shale	2.5	682.5	Oil Sand (Some Shale)(Good Bleed)
5	359	Shale (Limey)	2	684.5	Oil Sand (Shaley)(Good Bleed)
19	378	Lime	1	685.5	Oil Sand (Very Shaley)(Fair Bleed)
5	383	Black Shale	1.5	687	Sandy Shale (Oil Sand Stks)(Poor Bleed)
12	395	Lime	1	688	Sandy Shale
9	404	Shale (Limey)	TD	721	Shale
14	418	Shale			
4	422	Sandy Shale			
8	430	Sand (Dry)			
5	435	Sandy Shale			
67	502	Shale			SET SURFACE - 3:00 PM - 8/29/14
9	511	Light Shale (Limey)			CALLED IN 12:20 PM - TALKED TO BROOKE
5	516	Light Sandy Shale			LONGSTRING - 714' of 2 7/8" 8' ROUND PIPE
13	529	Shale (Limey)			SET TIME 2:00 PM - 9/02/14
20	549	Shale			CALLED IN 12:46 PM - TALKED TO RYAN



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

# MOSSMAN LUMBER COMPANY

# COPY

## True Value.

CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCE	TERMS	GLPK	DATE	TIME
001			ORDER # 80497	NET 10TH	RD	8/30/14	14:06

COUNTY: MIL  
 STATE: MO  
 ZIP: 64857  
 CITY: LOUISBURG, MO  
 COUNTY: MIL

2658 PLEASANT VALLEY RD  
 LOUISBURG, MO 64857

DEL. DATE: 8/28/14 TERMOSS1  
 SLSPR: RR ROBERT ROND  
 TAX: 001 LOUISBURG, MO

DDCR 179560  
 \*\*\*\*\*  
 \* INVOICE \*  
 \*\*\*\*\*  
 ORDER 80497

QUANTITY SHIPPED	QUANTITY ORDERED	UNIT	SKU	DESCRIPTION	UNITS	PRICE/UNIT	EXTENSION
240		EA	FLYASH	800 SX FLY ASH CLASS C	240	5.45 /EA	1,308.00
280		EA	PORTLAND	94# PORTLAND CEMENT 1/11	280	9.50 /EA	2,660.00
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  
14W-14*

\*\* AMOUNT CHARGED TO STORE ACCOUNT \*\*    4,680.97    TAXABLE    4298.41  
 NON-TAXABLE    0.00  
 SUBTOTAL    4298.41

RECEIVED BY

TAX AMOUNT    382.56  
 TOTAL DUE    4680.97

*W*

FKUM MOSSMAN LUMBER 9138375871