



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1231836
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: _____

1231836

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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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: 709' of 2 7/8" 8 round pipe	Cemented: 90 sacks	Hole Size: 5 5/8"

SN:	Packer:	TD: 711'
Plugged:	Bottom Plug:	

Lease:	Alva Schendel
Owner:	Bobcat Oilfield Services Inc
OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339

Well #: 18-14
Location: SE, NW, NW, SW, S24-T16-R21E
County: Miami
FSL: 2045' S
FEL: 4837' E
API#: 15-121-30599-00-00
Started: 9/11/2014
Completed: 9/12/2014

Log Well

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil	15	551	Shale
9	11	Clay	4	555	Shale (Limey)
22	33	Lime	10	565	Shale
6	39	Black Shale	8	573	Lime
11	50	Lime	4	577	Shale (Limey)
8	58	Shale (Limey)	4	581	Black Shale
19	77	Lime	2	583	Lime
5	82	Shale	14	597	Shale
3	85	Red Bed	2	599	Coal
6	91	Shale	5	604	Shale
12	103	Sandy Shale	4	608	Lime
14	117	Lime	1	609	Shale (Limey)
36	153	Sandy Shale	3	612	Shale (Limey)(Oil Sand Stks)(Poor Bleed)
55	208	Shale	1	613	Sandy Shale (Oil Sand Stks)(Poor Bleed)
18	226	Lime	13	626	Shale
5	231	Shale	3	629	Lime
13	244	Sandy Shale (Slight Oil show)	2	631	Coal
15	259	Shale (Limey)	22	653	Shale (Limey)
7	266	Lime	4	657	Lime
2	268	Shale	5	662	Dark Shale
2	270	Coal	3	665	Shale (Limey)
12	282	Shale	2	667	Coal
13	295	Sandy Lime (Slight Oil show)	3	670	Shale (Limey)
3	298	Shale	1	671	Lime
9	307	Lime	2	673	Shale (Limey)
20	327	Shale	4	677	Shale
26	353	Lime	1	678	Shale (Oil Sand Stks)(Poor Bleed)
4	357	Black Shale	1	679	Oil Sand (Shaley)(Poor Bleed)
4	361	Shale	1	680	Sandy Shale
25	386	Lime	3	683	Oil Sand (Some Shale)(Fair Bleed)
3	389	Black Shale	1	684	Sandy Shale
2	391	Lime	1	685	Oil Sand (Shaley)(Poor Bleed)
5	396	Shale	4.5	689.5	Sandy Shale
4	400	Lime	1	690.5	Black Sand (Shaley)
4	404	Shale	4.5	695	Sandy Shale (Oil Sand Stks)
4	408	Light Shale (Limey)	TD	711	Shale
18	426	Shale			
13	439	Sandy Shale (Dry Sand Stks)			
67	506	Shale			SET SURFACE - 12:30 PM - 9/11/14
10	516	Shale (Limey)			CALLED IN 10:18 AM - TALKED TO TAYLOR
7	523	Sandy Shale (Oder)			LONGSTRING - 709' of 2 7/8" 8' ROUND PIPE
11	534	Shale			SET TIME 3:00 PM - 9/12/14
2	536	Black Shale			CALLED IN 12:06 PM - TALKED TO BROOKE



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Core Run #1

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	678	0:00	-----	Oil Sand (Shaley)(Poor Bleed)	679'
1	679	2:00	2		
2	680	4:00	2	Sandy Shale	680'
3	681	6:00	2	Oil Sand (Some Shale)(Fair Bleed)	683'
4	682	8:00	2		
5	683	10:00	2		
6	684	12:30	2.5	Sandy Shale	684'
7	685	15:30	3	Oil Sand (Shaley)(Good Bleed)	685'
8	686	19:00	3.5	Sandy Shale	689.5'
9	687	22:00	3		
10	688	25:30	3.5		
11	689	29:30	4		
12	690	33:00	3.5	Black Sand	690.5'
13	691	36:45	3.75	Sandy Shale (Oil Sand Stks)	
14	692	40:00	3.25		
15	693	44:00	4		
16	694				
17					
18					
19					
20					

RECEIVED BY

QUANTITY	UNIT	DESCRIPTION	PRICE	TOTAL
240	EA	600 SX FLY ASH CLASS C	5.45 / EA	1,308.00
280	EA	94# 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

*Alva Schwedel
18-14*

DEL. DATE: 8/28/14 **TERMS:** NET 10TH
SLS PR: RR ROBERT ROAD
TAX: 001 LOUISBURG, KS

DOC# 179560
*** INVOICE ***

ORDER NO. 90497

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

True Value

CUSTOMER NO. _____
 PURCHASE ORDER NO. _____
 ORDER NO. _____
 DATE 8/30/14
 TIME 11:16

COPY