



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1231838  
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: \_\_\_\_\_

1231838

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
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<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> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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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: 725' of 2 7/8" 8 round pipe	Cemented: 90 sacks	Hole Size: 5 5/8"

SN:	Packer:	TD: 731'
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Plugged:	Bottom Plug:
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Lease:	McCann
Owner:	Bobcat Oilfield Services, Inc
OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339

Well

Well #: 1W-14
Location: NW, NW, NW, NE, S30-T16-R22E
County: Miami
FSL: 5248' S
FEL: 2316' E
API#: 15-121-30617-00-00
Started: 10/20/2014
Completed: 10/22/2014

Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil	3	597	Coal
17	19	Clay	5	602	Shale
14	33	Lime	3	605	Lime
4	37	Black Shale	3	608	Shale (Limey)
11	48	Lime	2	610	Shale (Limey)(Oil Sand Stks)(Poor Bleed)
11	59	Shale (Limey)	3	613	Shale (Oil Sand Stks)(Poor Bleed)
16	75	Lime	11	624	Shale
7	82	Shale	3	627	Lime
3	85	Red Bed	2	629	Coal
16	101	Shale	22	651	Shale (Limey)
15	116	Lime	4	655	Lime
5	121	Shale	4	659	Shale
33	154	Sandy Shale	5	664	Shale (Limey)
57	211	Shale	2	666	Black Shale
19	230	Lime	5	671	Shale
10	240	Shale	1	672	Lime
9	249	Sandy Shale	2	674	Shale (Limey)
9	258	Shale	2	676	Shale
5	263	Light Shale (Limey)	1	677	Light Shale(Oil Sand Stks)(Poor Bleed)
5	268	Lime	1	678	Oil Sand (Shaley)(Poor Bleed)(Some Water)
25	293	Shale	5.5	683.5	Oil Sand (Shaley)(Good Bleed)
20	313	Lime	2.5	686	Black Sand/Sandy Shale
14	327	Shale	5	691	Oil Sand (Some Shale)(Good Bleed)
25	352	Lime	7	698	Sandy Shale (Oil Stks)(Fair Bleed)
3	355	Black Shale	10	708	Sandy Shale
3	358	Shale	TD	731	Shale
24	382	Lime			
4	386	Black Shale			
3	389	Lime			
4	393	Shale			
5	398	Lime			
21	419	Shale			
11	430	Sandy Shale(Oder)			
15	445	Sandy Shale			
62	507	Shale			
8	515	Light Shale (Oil Sand Stks)(Poor Bleed)			
40	555	Shale			
1	556	Light Sandy Shale (Oil Stks)(Poor Bleed)			
2.5	558.5	Oil Sand (Some Shale)(Good Bleed)			SET SURFACE - 12:30 PM - 10/20/14
4.5	563	Oil Sand (Limey)(Fair Bleed)			CALLED IN 11:53 AM - TALKED TO BROOKE
2	565	Shale			LONGSTRING - 725' of 2 7/8" 8' ROUND PIPE
8	573	Lime			SET TIME 4:30 PM - 10/21/14
21	594	Shale			CALLED IN 3:26 PM - TALKED TO BROOKE





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 Cell # 620-363-2683  
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Owner:	Bobcat Oilfield Services, Inc
OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339

## Core Run #1

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	678	0:00	-----	Oil Sand (Shaley)(Good Bleed)	683.5
1	679	1:45	1.75		
2	680	4:15	2.5		
3	681	6:00	1.75		
4	682	8:00	2		
5	683	10:15	2.25		
6	684	13:15	3	Sandy Shale/ Black Sand	686
7	685	16:30	3.25	Oil Sand (Some Shale)(Good Bleed)	691
8	686	20:30	4		
9	687	22:30	2		
10	688	24:30	2		
11	689	27:00	2.5		
12	690	29:45	2.75		
13	691	32:30	3.75	Sandy Shale (Oil Stks)(Fair Bleed)	695
14	692	36:00	3.5		
15	693	40:15	4.25		
16	694	44:30	4.25		
17	695	49:45	5.25		
18	696				
19					
20					





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

PAGE NO: 1

# COPY

## True Value.

EDS ORDER NO.	JOB NO.	PURCHASE ORDER NO.	PREFERENCE	TERMS	CUSTOMER	DATE	TIME
251			INDR & BILLS	NET-10TH	RR	9/12/14	12:52

COUNTY 011  
 SUITE 102  
 600 WEST HWY  
 LOUISBURG, KS 66053

2586 PLEASANT VALLEY ROAD  
 LOUISBURG, KS 66053

DEL. DATE: 9/ 9/14 TENNESSEE  
 SLSPR: RR ROBERT ROAD  
 TAX : 001 LOUISBURG, KS

DOC# 179581  
 \*\*\*\*\*  
 # INVOICE #  
 \*\*\*\*\*  
 ORDR 80605

QUANTITY SHIPPED	QUANTITY ORDERED	UNIT	SKU	DESCRIPTION	UNIT PRICE	EXTENSION
280		EA	FLYASH	80# 5X FLY ASH CLASS C	5.45 /EA	1,326.00
245		EA	PORTLAND	94# PORTLAND CEMENT 1/17	9.50 /EA	2,327.50
14		EA	PALLET	RETURNABLE PALLET	15.00 /EA	210.00
14		EA	WRAP	SHRINK WRAPPED PALLET	5.00 /EA	70.00
1		EA	FUEL	FUEL SURCHARGE	50.41 /EA	50.41
					<b>4,556.28</b>	

*McCann  
1W-14*

*VK*

\*\* AMOUNT CHANGED TO STORE ACCOUNT \*\*  
 TAXABLE 4183.91  
 NON-TAXABLE 0.00  
 SUBTOTAL 4183.91

RECEIVED BY \_\_\_\_\_

TAX AMOUNT 372.37  
 TOTAL AMOUNT 4556.28

*4556.28*