



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1231840
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: _____

1231840

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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: 727' of 2 7/8" 8 round pipe	Cemented: 90 sacks	Hole Size: 5 5/8"

SN:	Packer:	TD: 731'
Plugged:	Bottom Plug:	

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

Well #: 2W-14
Location: NW, NE, NW, NE, S30-T16-R22E
County: Miami
FSL: 5255' S
FEL: 1925' E
API#: 15-121-30618-00-00
Started: 10/08/2014
Completed: 10/15/2014

Log

Well

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil	5	605	Shale
7	9	Clay	5	610	Lime
26	35	Lime	2	612	Shale (Limey)
4	39	Black Shale	5	617	Shale (Oil Sand Stks)(Poor Bleed)
11	50	Lime	12	629	Shale
10	60	Shale (Limey)	4	633	Lime
15	75	Lime	2	635	Coal
9	84	Shale	13	648	Shale (Limey)
2	86	Red Bed	6	654	Shale
17	103	Shale	7	661	Lime
15	118	Lime	4	665	Shale
6	124	Shale	2	667	Black Shale
36	160	Sandy Shale	9	676	Shale
53	213	Shale	1	677	Lime
19	232	Lime	4	681	Shale
11	243	Shale	2	683	Oil Sand (Shaley)(Fair Bleed)
7	250	Sandy Shale	4	687	Oil Sand (Some Shale)(Fair Bleed)
10	260	Shale	1.5	688.5	Shale (Oil Sand Stks)(Poor Bleed)
6	266	Light Shale (Limey)	2	690.5	Oil Sand (Shaley)(Fair Bleed)
5	271	Lime	1	691.5	Shale
24	295	Shale	4	695.5	Oil Sand (Shaley)(Fair Bleed)
20	315	Lime	2	697.5	Shale
15	330	Shale	1	698.5	Oil Sand (Fair Bleed)
25	355	Lime	1.5	700	Shale (Oil Sand Stks)
3	358	Black Shale	3	703	Shale
3	361	Shale	4	707	Shale (Oil Sand Stks)(Poor Bleed)
23	384	Lime	TD	731	Shale
4	388	Black Shale			
4	392	Lime			
4	396	Shale			
5	401	Lime			
16	417	Shale			
22	439	Sandy Shale			
68	507	Shale			
2	509	Light Sandy Shale			
10	519	Light Sandy Shale (Oil Stks)(Poor Bleed)			
41	560	Shale			
1	561	Light Shale (Oil Sand Stks)(Poor Bleed)			
6	567	Oil Sand (Some Shale)(Good Bleed)			SET SURFACE - 4:30 PM - 10/08/14
4	571	Shale			CALLED IN 2:46 PM - TALKED TO BROOKE
6	577	Lime			LONGSTRING - 727' of 2 7/8" 8' ROUND PIPE
21	598	Shale			SET TIME 3:30 PM - 10/15/14
2	600	Coal			CALLED IN 2:13 PM - TALKED TO BROOKE



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OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339

Core Run #1

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	683	0:00	-----	Oil Sand (Some Shale)(Fair Bleed)	687
1	684	2:00	2		
2	685	4:00	2		
3	686	6:30	1.5		
4	687	8:15	1.75		
5	688	11:15	3	Shale (Oil Sand Stks)(Poor Bleed)	688.5
6	689	13:30	2.25	Oil Sand (Shaley)(Fair Bleed)	690.5
7	690	16:00	2.5		
8	691	19:00	3	Shale	691.5
9	692	21:30	2.5	Oil Sand (Shaley)(Fair Bleed)	695.5
10	693	24:00	2.5		
11	694	27:00	3		
12	695	30:00	3		
13	696	32:45	2.75	Shale	697.5
14	697	36:45	4		
15	698	39:45	3	Oil Sand (Fair Bleed)	698.5
16	699	42:45	3	Shale (Oil Sand Stks)	
17					
18					
19					
20					

RECEIVED BY

QUANTITY	UNIT	DESCRIPTION	PRICE	AMOUNT
280	EA	FLYASH	5.45 /EA	1,386.00
245	EA	PORTLAND	9.50 /EA	2,327.50
14	EA	RETURABLE PILET	15.00 /EA	210.00
14	EA	SHRINK WRAPPED PILET	5.00 /EA	70.00
1	EA	FUEL SURCHARGE	30.41 /EA	30.41
TOTAL				4,183.91
NON-TAXABLE				0.00
TOTAL TAXABLE				4,183.91

DEL. DATE: 9/9/14 **TERNSSI**
SLSPR: RR ROBERT ROAD
TX: 001 LOUISBURG, KS
DOC#: 17951
INVOICE #

ORDR #: 80505

MOSSMAN LUMBER COMPANY
 1/2 Mile North of Louisville
 27235 McKay Rd.
 P.O. Box 728
 Louisville, Kansas 66053
 913-837-2955 • 1-800-521-1764

True Value

DATE: 9/12/14
 TIME: 12:42

4556.28

COPY