



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1232729  
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: \_\_\_\_\_

1232729

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

<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> _____ <i>(Submit ACO-4)</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: 716' 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 <i>Coyot</i>
Owner:	Bobcat Oilfield Services Inc.
OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339

Well

Well #: <del>4W-14</del> 1-4
Location: SE,SE,NW,SW,S24-T16-R21E
County: Miami
FSL: 1444' S
FEL: 3966' E
API#: 15-121-30602-00-00
Started: 9/12/2014
Completed: 9/15/2014

Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
3	3	Top Soil	1	578	Lime
7	10	Clay	13	591	Shale
18	28	Lime	1	592	Coal
4	32	Black Shale	10	602	Shale
12	44	Lime	4	606	Lime
8	52	Sandy Shale	3	609	Shale (Oil Sand Stks)(Slight Oil Show)
19	71	Lime	15	624	Shale
6	77	Shale	3	627	Lime
2	79	Red Bed	3	630	Coal
9	88	Shale	20	650	Shale
10	98	Sandy Shale	4	654	Lime (Shaley)
19	117	Lime	9	663	Shale (Limey)
34	151	Sandy Shale	2	665	Lime
54	205	Shale	9	674	Shale
20	225	Lime	1	675	Sandy Shale (Oil Sand Stks)
6	231	Shale	7	682	Oil Sand (Poor Bleed)
10	241	Sandy Shale	2	684	Oil Sand (Shaley)(Poor Bleed)
13	254	Shale	3	687	Oil Sand (Shaley)(Fair Bleed)
9	263	Lime	2	689	Oil Sand (Very Shaley)(Poor Bleed)
2	265	Shale	1	690	Sandy Shale (Oil Sand Stks)
1	266	Coal	10	700	Sandy Shale
15	281	Shale	TD	721	Shale
13	294	Sandy Shale			
10	304	Lime			
20	324	Shale			
24	348	Lime			
3	351	Black Shale			
5	356	Shale			
3	359	Shale (Limey)			
19	378	Lime			
5	383	Black Shale			
4	387	Lime			
4	391	Shale			
4	395	Lime			
111	506	Shale			
5	511	Sandy Shale (Oil Sand Stks)(Oil Show)			
24	535	Shale			
6	541	Shale (Limey)			
13	554	Shale			SET SURFACE - 4:00 PM - 9/12/14
3	557	Shale (Limey)			CALLED IN 2:06 PM - TALKED TO BROOKE
5	562	Shale			LONGSTRING - 716' of 2 7/8" 8' ROUND PIPE
8	570	Lime			SET TIME 1:00 PM - 9/15/14
7	577	Shale			CALLED IN 11:40 AM - TALKED TO BROOKE



RECEIVED BY

X

QUANTITY	UNIT	DESCRIPTION	PRICE	AMOUNT
280	EA	FLASH	5.45 / EA	1,325.00
245	EA	PORTLAND	9.50 / EA	2,327.50
14	EA	RETRAPABLE 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

*Handwritten:*  
 Coyote  
 Steve Schmidt  
 4/14

*Handwritten:*  
 [Signature]

ORDER # 80505  
 DEL. DATE: 9/9/14 TENNESSEE  
 TX # 001 LOUISBURG, MS  
 ST. SPR. RN ROBERT RAND  
 DCCR: 179581  
 \* INVOICE \*  
 \*\*\*\*\*

CUSTOMER NO.	ORDER NO.	INVOICE ORDER NO.	TERMS	DATE
				9/12/14

1/2 Mile North of Louisville  
 27295 Market Rd.  
 P.O. Box 728  
 Louisville, Kansas 66033  
 913-837-2955 • 1-800-521-1764

**MOSSMAN**  
**LUMBER**  
**COMPANY**

*True Value*

COPY

45526.28

TOTAL AMOUNT 4,983.91  
 TAX 0.00  
 NET TOTAL 4,983.91