



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1235884
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: _____

1235884

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

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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: 719' 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 #: 13W-14
Location: SW,SE,SW,SW,S24-T16-R21E
County: Miami
FSL: 264' S
FEL: 4329' E
API#: 15-121-30478-00-00
Started: 8/22/2014
Completed: 8/25/2014

Log Well

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
3	3	Top Soil	10	526	Light Shale (Limey)
7	10	Clay	32	558	Shale
15	25	Lime	6	564	Shale (Limey)(Oder)
5	30	Black Shale	7	571	Lime
11	41	Lime	8	579	Shale (Limey)(Oil Sand Stks)(Poor Bleed)
9	50	Sandy Shale	18	597	Shale
21	71	Lime	2	599	Coal
14	85	Shale	5	604	Shale
4	89	Sandy Lime	2	606	Lime
9	98	Sandy Shale	3	609	Lime (Shaley)
16	114	Lime	1	610	Sandy Shale (Slight Oder)
12	126	Sandy Shale	2	612	Sandy Shale (Oil Sand Stks)(Poor Bleed)
6	132	Shale	15	627	Shale
3	135	Sandy Shale	3	630	Lime
7	142	Sandy (Dry)	3	633	Coal
62	204	Shale	23	656	Shale (Limey)
20	224	Lime	3	659	Lime
8	232	Shale	3	662	Shale (Limey)
10	242	Sandy Shale	2	664	Black Shale
10	252	Light Shale (Limey)	6	670	Shale (Limey)
7	259	Lime	1	671	Lime
2	261	Shale	6	677	Light Shale (Limey)
1	262	Coal	.5	677.5	Light Shale (Oil Sand Stks)(Poor Bleed)
18	280	Shale	1	678.5	Oil Sand (Shaley)(Fair Bleed)
3	283	Lime	3.5	682	Oil Sand (Some Shale)(Good Bleed)
5	288	Sandy Lime	2	684	Oil Sand (Good Bleed)
2	290	Shale	3	687	Oil Sand (Shaley)(Good Bleed)
11	301	Lime	3	690	Sandy Shale (Oil Sand Stks)(Poor Bleed)
19	320	Shale	2	692	Sandy Shale
28	348	Lime	4	696	Sandy Shale (Oil Sand Stks)(Poor Bleed)
2	350	Black Shale	5	701	Sandy Shale
5	355	Shale	TD	721	Shale
4	359	Light Shale (Limey)			
19	378	Lime			
6	384	Black Shale			
7	391	Shale (Limey)			
4	395	Lime			
11	406	Shale (Limey)			
11	417	Shale			SET SURFACE - 2:30 PM - 8/22/14
9	426	Sand (Dry)			CALLED IN 12:32 PM - TALKED TO ALLEN
16	442	Sandy Shale			LONGSTRING - 719' of 2 7/8" 8' ROUND PIPE
65	507	Shale			SET TIME 2:15 PM - 8/25/14
9	516	Light Sabyd Shale (Oil Sand Stks)(Poor Bleed)			CALLED IN 1:05 PM - TALKED TO BROOKE



1/2 Mile North of Louisburg
27295 Metcalf Rd.
P.O. Box 729
Louisburg, Kansas 66053
913-837-2955 • 1-800-521-1784

MOSSMAN LUMBER COMPANY

PAGE NO. 1

True Value.

CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCE	TERMS	CHECK	DATE	TIME
251			ORDN # 80388	NET 10%		8/22/14	7:30

MOSSMAN OIL
SITE 103
PO BOX 729
LOUISBURG, KS 66053

20258 BLENHEIM VALLEY RD
LOUISBURG, MO 64888

DEL. DATE: 8/18/14 TERMS: 10

SLSPR: RR ROBERT ROAD
TAX : 001 LOUISBURG, KS

BOOK 179541

* INVOICE *

ORDER 80388

FROM MOSSMAN LUMBER 9138375871

8:48 AM 8/22/2014

QUANTITY SHIPPED	QUANTITY ORDERED	UN	SKU	DESCRIPTION	UNITS	PRICE PER	EXTENSION
240		EA	FLYASH	80# 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
				CL-INT 913-980-3858			

*Alva Schendel
13W-14*

** AMOUNT CHARGED TO STORE ACCOUNT **

4,588.41

TAXABLE 4298.41
NON-TAXABLE 0.00
SUBTOTAL 4298.41

4298.41

RECEIVED BY

TAX AMOUNT 382.56

382.56