



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237722
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: _____



1237722

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

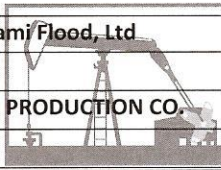
TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Lease:	Murphy	
Owner:	Diamond B Miami Flood, Ltd	
OPR #:	5876	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface: 20' of 6"	Cemented: 5 Sacks	Hole Size: 8 3/4"
Longstring: 676' of 2 7/8" 8 round pipe	Cemented: 90 sacks	Hole Size: 5 5/8"



Dale Jackson Production Co.
Box 266, Mound City, Ks 66056
Cell # 620-363-2683
Office # 913-795-2991

Well #: DM-7
Location: NW,SW,NE,NE, S24-T16-R21E
County: Miami
FSL: 4515' S
FEL: 1155' E
API#: 15-121-30537-00-00
Started: 8/01/2014
Completed: 8/04/2014

SN:	Packer: yes	TD: 692'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil	5	521	Shale
9	11	Clay	1	522	Coal
11	22	Lime	26	548	Shale
4	26	Black Shale	4	552	Shale (Limey)
12	38	Lime	7	559	Shale
2	40	Shale	8	567	Lime
5	45	Sand (Limey)	7	574	Shale
4	49	Shale	4	578	Lime
19	68	Lime	6	584	Shale
4	72	Shale	3	587	Coal
2	74	Red Bed	10	597	Shale
15	89	Shale	5	602	Lime
4	93	Sandy Shale	3	605	Shale (Limey)
16	109	Lime	2	607	Oil Sand (Shaley)(Fair Bleed)
4	113	Shale	2	609	Oil Sand (Very Shaley)(Fair Bleed)
8	121	Sandy Shale	12	621	Shale
8	129	Shale	4	625	Lime (Oil Show)
12	141	Sandy Shale	4	629	Black Shale
58	199	Shale	19	648	Shale (Limey)
19	218	Lime	4	652	Lime
14	232	Shale	6	658	Shale
3	235	Lime	2	660	Coal
17	252	Shale	12	672	Shale (Limey)
5	257	Lime	2	674	Shale
19	276	Shale	1	675	Sandy Shale
5	281	Lime	8	683	Oil Sand (Some Shaley)(Fair Bleed)
9	290	Sand (Dry)	4	687	Oil Sand (Shaley)(Poor Bleed)
7	297	Lime	3	690	Oil Sand (Very Shaley)(Fair Bleed)
22	319	Shale	TD	692	Sandy Shale (Oil Sand Stks)
27	346	Lime			
3	349	Black Shale			
5	354	Shale			
22	376	Lime			
5	381	Black Shale			
2	383	Lime			
4	387	Shale			
5	392	Lime			
4	396	Shale			
6	402	Light Shale (Limey)			SET SURFACE -- 1:30 PM -- 8/01/14
20	422	Shale			CALLED IN 12:37 PM -- TALKED TO STEVE
15	437	Sandy Shale			LONGSTRING -- 676' of 2 7/8" 8' ROUND PIPE
66	503	Shale			SET TIME 1:30 PM -- 8/04/14
13	516	Light Sandy Shale			CALLED IN 12:39 PM - TALKED TO MIKE

MIAMI LUMBER INC.

1014 NO. PEARL
PAOLA, KS 66071
(913) 294-2041-FAX (913) 294-4954

2444827

INVOICE

10/28/14 08:23 01

DIAMOND EXPLORATION INC.
34475 W. 263RD ST.
PAOLA, KANSAS 66071

38709. W 263RD

S 1
P 10
A 1
W 3
C 1
P 1
4069732

CUST#:103040.000B

TERMS: DUE THE 10TH FROM: O

L#	QTY	DESCRIPTION	ITEM #	UNITS	PRICE	AMOUNT
1	103	PORTLAND CEMENT TYPE I/II 94#	780110500	103	9.80 EA	1009.40
2						
3		**** JIM WILL CALL FOR DELIVER				
4		EITHER MONDAY OR TUESDAY THE				
5		28TH				
6						
7	5-	TXI WOOD PALLET	78019000A	5-	15.00 EA	75.00-
8	3	TXI WOOD PALLET	78019000A	3	15.00 EA	45.00

Paid

	SUBTOTAL	979.40
D	PAOLA SALES TAX	87.17
	TOTAL	1066.57