



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237965
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: _____



1237965

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

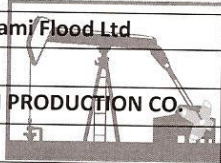
TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

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:	Henning	
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: 660' 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 #: EH-7A
Location: SE,SW,NE,NW,S23-T16-R21E
County: Miami
FSL: 4224' S
FEL: 3305' E
API#: 15-121-30554-00-00
Started: 8/12/2014
Completed: 8/13/2014

SN:	Packer:	TD: 671'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil	8	568	Lime
6	8	Clay	14	582	Shale
6	14	Lime	3	585	Lime
4	18	Black Shale	3	588	Black Shale
4	22	Lime	21	609	Shale (Limey)
4	26	Shale	4	613	Lime
5	31	Red Bed	6	619	Shale
12	43	Shale	2	621	Coal
30	73	Sandy Shale	3	624	Shale
16	89	Lime	2	626	Lime
8	97	Sandy Shale	3	629	Shale (Limey)
76	173	Shale	2	631	Light Shale
22	195	Lime	1	632	Light Shale (Oder)
5	200	Shale	1	633	Light Shale (Oil Sand Stks)(Poor Bleed)
9	209	Sandy Lime (Dry)(Flowing)(Water)	2	635	Oil Sand (Shaley)(Fair Bleed)
16	225	Shale	10	645	Oil Sand (Some Shale)(Water)(Slight Oder)
6	231	Lime	2	547	Oil Sand (Shaley)(Slight Oil show)(Some water)
15	246	Shale	4	651	Shale (Oil Sand Stks)(Poor Bleed)(Some Water)
12	258	Sandy Lime	1	652	Sandy Shale(Oil Sand Stks)(Poor Bleed)
8	266	Lime	9	661	Sandy Shale
7	273	Shale	TD	671	Shale
2	275	Lime			
14	289	Shale			
22	311	Lime			
5	316	Black Shale			
4	320	Shale			
22	342	Lime			
4	346	Black Shale			
4	350	Lime			
5	355	Shale			
4	359	Lime			
7	366	Shale			
5	371	Light Shale(Limey)			
14	385	Shale			
6	391	Sandy Shale			
5	396	Sandy Lime			
72	468	Shale			
5	473	Light Sandy Shale			
47	520	Shale			SET SURFACE - 4:30 PM - 8/12/14
8	528	Lime			CALLED IN 1:22 PM - TALKED TO BROOKE
27	555	Shale			LONGSTRING - 660' of 2 7/8" 8' ROUND PIPE
1	556	Coal			SET TIME 1:30 PM - 8/13/14
4	560	Shale			CALLED IN 12:15 PM - TALKED TO LEVI

MIAMI LUMBER INC.

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

2443970

INVOICE

R 10/07/14 08:25 01

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

S 1
P 705
A 1
W 3
C 1
P 1

CUST#:103040.000B

TERMS: DUE THE 10TH FROM: O

4069609

L#	QTY	DESCRIPTION	ITEM #	UNITS	PRICE	AMOUNT
1	70	PORTLAND CEMENT TYPE I/II 94#	780110500	70	9.80 EA	686.00
2						
3		**** PICK UP AND RETURN PALLETS				
4		CALL JIM-913-259-1576 BEFORE				

paid
Henry
ck 3800
502⁰²
10/1/2014

	SUBTOTAL	686.00
D	PAOLA SALES TAX	61.05
	TOTAL	747.05