

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1237968

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

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: _____



1237968

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 (Attach Additional Sheets) | <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 |
| ____ Perforate | | | | |
| ____ Protect Casing | | | | |
| ____ Plug Back TD | | | | |
| ____ 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)

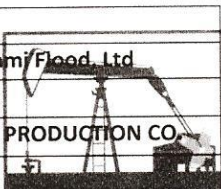
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? ☐ Yes ☐ No (If No, fill out Page Three of the ACO-1)

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) | Depth |
|----------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | | | |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------|---------------------------------------------------------------------|
| TUBING RECORD: | Size: | Set At: | Packer At: | Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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 (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 (If vented, Submit ACO-18.) | METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|

| | | |
|-----------------------------------------------|-----------------------------|----------------------|
| 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: 674' 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-8A |
| Location: SW, SE, NE, NW, S23-T16-R21E |
| County: Miami |
| FSL: 4244' S |
| FEL: 2996' E |
| API#: 15-121-30555-00-00 |
| Started: 9/26/2014 |
| Completed: 9/29/2014 |

| | | |
|----------|--------------|----------|
| SN: | Packer: | TD: 681' |
| Plugged: | Bottom Plug: | |

Well Log

| TKN | BTM Depth | Formation | TKN | BTM Depth | Formation |
|-----|-----------|---------------------------|-----|-----------|-------------------------------------------------|
| 1 | 1 | Top Soil | 1 | 564 | Coal |
| 8 | 9 | Clay | 7 | 571 | Shale (Limey) |
| 11 | 20 | Lime | 5 | 576 | Lime |
| 8 | 28 | Shale | 2 | 578 | Shale (Limey) |
| 17 | 45 | Lime | 11 | 589 | Shale |
| 5 | 50 | Shale | 3 | 592 | Lime |
| 4 | 54 | Red Bed | 4 | 596 | Black Shale |
| 3 | 57 | Shale | 19 | 615 | Shale (Limey) |
| 6 | 63 | Sand (Dry)(Flowing Water) | 4 | 619 | Lime |
| 13 | 76 | Shale | 8 | 627 | Shale |
| 16 | 92 | Lime | 1 | 628 | Coal |
| 14 | 106 | Shale | 5 | 633 | Shale (Limey) |
| 5 | 111 | Sandy Shale | 1 | 634 | Lime |
| 65 | 176 | Shale (120-140 flowing) | 2 | 636 | Shale (Limey) |
| 20 | 196 | Lime | 2 | 638 | Light Shale |
| 8 | 204 | Shale | 3 | 641 | Oil Sand (Shaley)(Fair Bleed)(Little Water) |
| 13 | 217 | Sand (Dry) | 4 | 645 | Oil Sand (Shaley)(Poor Bleed)(Water) |
| 12 | 229 | Shale | 1 | 646 | Lime (Oil Stks)(Poor Bleed)(Water) |
| 6 | 235 | Lime | 2 | 648 | Light Shale(Limey)(Oil Stks)(Poor Bleed)(Water) |
| 11 | 246 | Shale | 2 | 650 | Oil Sand (Some Shale)(Water)(Slight Oder) |
| 5 | 251 | Sandy Shale | 2 | 652 | Oil Sand (Shaley)(Water)(Slight Oder) |
| 6 | 257 | Sand (Dry) | 1 | 653 | Oil Sand (Very Shaley)(Water)(Oder) |
| 4 | 261 | Sandy Shale | 4 | 657 | Sandy Shale (Oder) |
| 5 | 266 | Shale (Limey) | 1 | 658 | Shale (Oil Sand Stks)(Poor Bleed) |
| 5 | 271 | Lime | 8 | 666 | Dark Sandy Shale |
| 22 | 293 | Shale | TD | 681 | Shale |
| 24 | 317 | Lime | | | |
| 2 | 319 | Shale | | | |
| 7 | 326 | Black Shale | | | |
| 21 | 347 | Lime | | | |
| 6 | 353 | Black Shale | | | |
| 4 | 357 | Lime | | | |
| 3 | 360 | Shale | | | |
| 5 | 365 | Lime | | | |
| 12 | 377 | Shale | | | |
| 9 | 386 | Sandy Shale | | | |
| 9 | 395 | Sand (Dry) | | | |
| 9 | 404 | Sandy Shale | | | |
| 62 | 466 | Shale | | | SET SURFACE - 3:00 PM - 9/26/14 |
| 16 | 482 | Light Sandy Shale | | | CALLED IN 12:48 PM - TALKED TO STEVE |
| 46 | 528 | Shale | | | LONGSTRING - 674' of 2 7/8" 8' ROUND PIPE |
| 8 | 536 | Lime | | | SET TIME 3:30 PM - 9/30/14 |
| 27 | 563 | Shale | | | CALLED IN 2:10 PM - TALKED TO BROOKE |

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
502⁰²
Henry
ck 3800
10/1
12/14

| | | |
|---|-----------------|--------|
| | SUBTOTAL | 686.00 |
| D | PAOLA SALES TAX | 61.05 |
| | TOTAL | 747.05 |