



1238187

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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Coleman Hardware LLC

505 MAIN BOX 326
MOJND CITY KS. 66056
Ph: 913-795-2895

4/28/2014 17:58:55

Invoice No.: 221679

Code: 001020

Name: DALE JACKSON

Address: PO BOX 266

MOJND CITY, KS 66056

Cashier: Administrator

Register Name: REG2

Order No: OIL

92.6 LB. ASH GROVE PORTLAND CEMENT		
MD	EA	
24E @	\$9.05 /EA	\$2,217.25
CONCRETE PALLETS		
MD	EA	
7 @	\$1.00 /EA	\$7.00
SHRINK WRAP PER PALLET		
MD	EA	
7 @	\$5.00 /EA	\$35.00
Freight		
FRT	DP	
1 @	\$25.01 /DP	\$25.01

Sub Total: \$2,284.26

Sales Tax: \$163.32

Total: \$2,447.58

DALE
Signed:

ph 913-795-2895
thanks for shopping with us

Coleman Hardware LLC

505 MAIN BOX 326
MOUND CITY KS. 66056
Ph: 913-795-2895

1/18/2014 12:01:38
Invoice No.: 215009
Code: 001020
Name: DALE JACKSON
Address: PO BOX 266

MOUND CITY, KS 66056
Cashier: Administrator
Register Name: REG2
Order No: OIL

92.6 LB. ASH GROVE PORTLAND CEMENT
MD EA
490 @ \$9.05 /EA \$4,434.50
CEMENT PALLETS
MD EA
14 @ \$15.00 /EA \$210.00
SHRINK WRAP PER PALLET
MD EA
14 @ \$5.00 /EA \$70.00
Freight
FRT DP
1 @ \$49.24 /DP \$49.24

Sub Total: \$4,763.74
Sales Tax: \$340.61
Total: \$5,104.35

Signed:

ph 913-795-2895
thanks for shopping with us

Coleman Hardware LLC

505 MAIN BOX 326
MOUND CITY KS. 66056

Receipt For Payment Of Account:
001020

1/18/2014 12:02:24
Cashier: Administrator
Register Name: REG2

Received with thanks from:
DALE JACKSON
Reference: 96020

Amount: \$5,104.35

Signed: _____

Outstanding Balance: \$553.06

ph 913-795-2895
thanks for shopping with us
