



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238717
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: _____



1238717

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

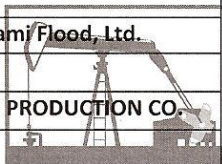
TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

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:	Beatty	
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: 699' 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 #: i-1A
Location: SE,NW,SW,NE,S23-T16-R21E
County: Miami
FSL: 3580'S
FEL: 2280'E
API#: 15-121-30657-00-00
Started: 9/18/2014
Completed: 9/19/2014

SN:	Packer:	TD: 701'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	Top Soil	3	585	Shale (Limey)
3	4	Clay	6	591	Lime
14	18	Lime	2	593	Shale (Limey)
6	24	Black Shale	1	594	Sandy Shale (Oder)
10	34	Lime	13	607	Shale
9	43	Shale (Limey)	4	611	Lime
20	63	Lime	4	615	Black Shale
4	67	Shale	9	624	Shale (Limey)
2	69	Red Bed	3	627	Lime
2	71	Shale	7	634	Shale
16	87	Sandy Shale	3	637	Lime
4	91	Shale	8	645	Shale
16	107	Lime	1	646	Coal
83	190	Shale	4	650	Shale (Limey)
20	210	Lime	2	652	Lime
6	216	Shale	4	656	Shale
3	219	Sandy Shale	2	658	Light Shale
2	221	Sandy Shale (Oil Sand Stks)(Poor Bleed)	2	660	Light Shale (Oil Sand Stks)(Water)
5	556	Sandy Lime	4	664	Lime (Oder)
15	241	Shale	2	666	Oil Sand (Shaley)(Poor Bleed)(Water)(Some Lime)
8	249	Lime	2	668	Oil Sand (Some Shale)(Water)(Slight Oil Show)
16	265	Shale	1	669	Oil Sand (Very Shaley)(Limey)(Water)(Slight Oder)
15	280	Sand (Dry)	1	670	Oil Sand (Very Shaley)(Water)(Slight Oder)
6	286	Lime	2	672	Oil Sand (Shaley)(Poor Bleed)(Water)
23	309	Shale	1	673	Oil Sand (Very Shaley)(Poor Bleed)(Some Water)
24	333	Lime	1	674	Sandy Shale (Oil Sand Stks)(Poor Bleed)(Some Water)
3	336	Black Shale	2.5	676.5	Sandy Shale (Oil Sand Stks)(Poor Bleed)
7	343	Shale	TD	701	Shale
22	365	Lime			
4	369	Black Shale			
5	374	Lime			
3	377	Shale			
4	381	Lime			
10	391	Shale (Limey)			
15	406	Shale			
13	419	Sandy Shale (Dry Sand Stks)			
70	489	Shale			
7	496	Light Sandy Shale			
49	545	Shale			SET SURFACE - 2:00 PM - 9/18/14
7	552	Lime			CALLED IN 11:58 AM - TALKED TO BROOKE
13	565	Shale (Limey)			LONGSTRING - 699' of 2 7/8" 8' ROUND PIPE
14	579	Shale			SET TIME 1:00 PM - 9/19/14
3	582	Coal			CALLED IN 11:44 AM - TALKED TO MICHELLE

MIAMI LUMBER INC.

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

2443363

INVOICE

09/23/14 07:39 01

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

SHIP 38709 W. 263RD
TO: WELLSVILLE

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

CUST#:103040.000B

OUR PO: 109186
TERMS: DUE THE 10TH FROM: O 4069443

L#	QTY	DESCRIPTION	ITEM #	UNITS	PRICE	AMOUNT
1	280	80# FLY ASH CONCRETE MIX	780113200	280	5.92 EA	1657.60
2	245	PORTLAND CEMENT TYPE I/II 94#	780110500	245	9.80 EA	2401.00
3	14	TXI WOOD PALLET	78019000A	14	15.00 EA	210.00
4						
5		**** DELIVERED TO JOB SITE WITH				
6		EACH PALLET WRAPPED--PAYMENT				
7		DUE THE FOLLOWING DAY *****				
8	14-	TXI WOOD PALLET	78019000A	14-	15.00 EA	210.00-

*Ch 20980
9/23/2014*

E Miami

D SUBTOTAL 4058.60
PAOLA SALES TAX 361.22
TOTAL 4419.82