

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1238986

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: _____



1238986

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
<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)

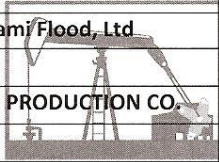
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? ☐ Yes ☐ No (If No, fill out Page Three of the ACO-1)

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (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:	Tarr 11	
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: 668' 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 #: DT-31
Location: NW, SW, SE, SW, S19-T16-R22E
County: Miami
FSL: 441' S
FEL: 1478' W
API#: 15-121-30598-00-00
Started: 9/24/2014
Completed: 9/25/2014

SN:	Packer: Yes	TD: 681'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
3	3	Top Soil	31	536	Shale
8	11	Clay	15	551	Light Shale (Limey)
13	24	Lime	2	553	Sand (Dry)
2	26	Shale	3	556	Shale (Limey)
2	28	Black Shale	8	564	Lime
11	39	Lime	8	572	Shale (Limey)
7	46	Shale (Limey)	10	582	Shale
4	50	Shale	1	583	Coal
16	66	Lime	8	591	Shale
4	70	Shale	4	595	Lime
4	74	Red Bed	1	596	Light Shale (Limey)(Oder)
17	91	Shale	1	597	Light Shale (Oil Sand Stks)(Poor Bleed)(Limey)
15	106	Lime	3	600	Oil Sand (Some Shale & Lime)(Fair Bleed)
6	112	Shale	3	603	Shale (Oil Sand Stks)(Poor Bleed)
7	119	Sand (Dry)	11	614	Shale
34	153	Sandy Shale	3	617	Lime
47	200	Shale	4	621	Black Shale
20	220	Lime	4	625	Shale
8	228	Shale	8	633	Shale (Limey)
8	236	Sandy Shale	7	640	Shale
16	252	Shale	6	646	Lime
4	256	Lime	2	648	Shale
24	280	Shale	2	650	Coal
21	301	Lime	8	658	Shale (Limey)
15	316	Shale	2	660	Lime
23	339	Lime	5	665	Shale
7	346	Black Shale	1.5	666.5	Light Shale
4	350	Shale (Limey)	1.5	668	Oil Sand (Shaley)(Fair Bleed)(Some Lime)
19	369	Lime	1	669	Lime (Oil Stks)(Poor Bleed)
5	374	Black Shale	1	670	Lime (Oil Stks)(Some Shale)(Fair Bleed)
4	378	Lime	2	672	Oil Sand (Very Shaley)(Some Lime)(Fair Bleed)
3	381	Shale	5	677	Oil Sand (Some Shale)(Good Bleed)
5	386	Lime	1	678	Oil Sand (Shaley)(Fair Bleed)
10	396	Light Shale (Limey)	2	680	Oil Sand (Very Shaley)(Poor Bleed)
20	416	Shale	TD	681	Shale
2	418	Sandy Shale (Oder)			
3	421	Sandy Shale(Oil Sand Stks)(Poor Bleed)			
15	436	Sandy Shale			
56	492	Shale			SET SURFACE - 3:30 PM - 9/24/14
3	495	Light Shale (Limey)			CALLED IN 12:43 PM - TALKED TO LEVI
2	497	Oil Sand (Shaley)(Fair Bleed)			LONGSTRING - 668' of 2 7/8" 8' ROUND PIPE
2	499	Oil Sand (Very Shaley)(Poor Bleed)			SET TIME 1:00 PM - 9/25/14
6	505	Sandy Shale (Oil Sand Stks)(Poor Bleed)			CALLED IN 12:19 PM - TALKED TO STEVE

FROM :

FAX NO. :19132944954

Sep. 23 2014 07:36AM P1

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-

E Miami

SUBTOTAL 4058.60
 D PAOLA SALES TAX 361.22
 TOTAL 4419.82

*Ch 20980
9/23/2014*