



Confidentiality Requested:
 Yes No

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:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> New Well | <input type="checkbox"/> Re-Entry | <input type="checkbox"/> Workover |
| <input type="checkbox"/> Oil | <input type="checkbox"/> WSW | <input type="checkbox"/> SWD |
| <input type="checkbox"/> Gas | <input type="checkbox"/> D&A | <input type="checkbox"/> ENHR |
| <input type="checkbox"/> OG | <input type="checkbox"/> GSW | <input type="checkbox"/> Temp. Abd. |
| <input type="checkbox"/> CM (Coal Bed Methane) | | |
| <input type="checkbox"/> Cathodic | <input type="checkbox"/> Other (Core, Expl., etc.): _____ | |

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- | | | | |
|--|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Deepening | <input type="checkbox"/> Re-perf. | <input type="checkbox"/> Conv. to ENHR | <input type="checkbox"/> Conv. to SWD |
| <input type="checkbox"/> Plug Back | <input type="checkbox"/> Conv. to GSW | <input type="checkbox"/> Conv. to Producer | |
| <input type="checkbox"/> Commingled | Permit #: _____ | | |
| <input type="checkbox"/> Dual Completion | Permit #: _____ | | |
| <input type="checkbox"/> SWD | Permit #: _____ | | |
| <input type="checkbox"/> ENHR | Permit #: _____ | | |
| <input type="checkbox"/> 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: _____



1241525

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

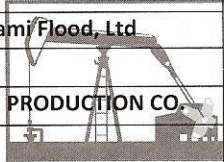
TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Lease:	Tarr II	
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: 703' 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 #: Ti-17
Location:SE,SW,SE,SW,S19-T16-R22E
County: Miami
FSL: 35' S
FWL: 1915' W
API#: 15-121-30655-00-00
Started: 10/01/2014
Completed: 10/03/2014

SN:	Packer:	TD: 711'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil	15	591	Shale
13	15	Clay	1	592	Coal
14	29	Lime	4	596	Shale
5	34	Black Shale	5	601	Lime
11	45	Lime	2	603	Shale (Limey)
11	56	Shale	3	606	Oil Sand (Shaley)(Fair Bleed)
17	73	Lime	2	608	Shale (Oil Sand Stks)(Poor Bleed)
3	76	Shale	14	622	Shale
3	79	Red Bed	2	624	Lime
17	96	Shale	2	626	Coal
17	113	Lime	10	636	Shale
4	117	Shale	9	645	Shale (Limey)
20	137	Sandy Shale	7	652	Lime
11	148	Sand (Dry)	5	657	Shale
7	155	Sandy Shale	2	659	Coal
54	209	Shale	8	667	Shale
20	229	Lime	1	668	Lime
20	249	Sandy Shale	4	672	Shale
10	259	Shale	1.5	673.5	Light Shale(Oil Sand Stks)(Poor Bleed)
5	264	Lime	2.5	676	Oil Sand (Shaley)(Fair Bleed)
25	289	Shale	8	684	Oil Sand (Some Shale)(Fair Bleed)
15	304	Lime	2	686	Oil Sand (Shaley)(Fair Bleed)
19	323	Shale	3	689	Sandy Shale (Oil Stks)(Poor Bleed)
22	345	Lime	12	701	Sandy Shale
5	350	Black Shale	TD	711	Shale
4	354	Shale			
22	376	Lime			
5	381	Black Shale			
5	386	Lime			
3	389	Shale			
4	393	Lime			
22	415	Shale			
4	419	Sandy Shale (Oder)			
4	423	Sandy Shale (Oil Stks)(Poor Bleed)			
5	428	Oil Sand (Very Shaley)(Fair Bleed)			
7	435	Sandy Shale			
62	497	Shale			
4	501	Light Shale (Limey)			
8	509	Sandy Shale(Oil Sand Stks)(Fair Bleed)			SET SURFACE -- 2:30 PM -- 10/01/14
3	512	Sandy Shale			CALLED IN 12:56 PM -- TALKED TO LEVI
50	562	Shale			LONGSTRING -- 703' of 2 7/8" 8' ROUND PIPE
7	569	Lime			SET TIME 2:15 PM -- 10/03/14
9	576	Shale (Limey)			CALLED IN 1:27 PM - TALKED TO BROOKE

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