



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1241528
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: _____



1241528

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

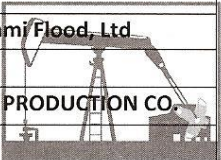
TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

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:	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: 721' 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-18
Location: SW, SE, SE, SW, S19-T16-R22E
County: Miami
FSL: 35' S
FWL: 2260' W
API#: 15-121-30656-00-00
Started: 9/30/2014
Completed: 10/01/2014

SN:	Packer:	TD: 731'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
3	3	Top Soil	12	585	Shale (Limey)
7	10	Clay	11	596	Shale
22	32	Lime	1	597	Black Shale
4	36	Black Shale	4	601	Shale
12	48	Lime	4	605	Lime
10	58	Shale (Limey)	2	607	Shale (Limey)
18	76	Lime	5	612	Shale (Oil Sand Stks)(Poor Bleed)(Limey)
3	79	Shale	12	624	Shale
3	82	Red Bed	2	626	Lime
18	100	Shale	3	629	Coal
16	116	Lime	7	636	Shale
4	120	Shale	15	651	Shale (Limey)
26	146	Sandy Shale	5	656	Lime
5	151	Sand (Dry)	5	661	Shale (Limey)
7	158	Sandy Shale	2	663	Coal
53	211	Shale	8	671	Shale (Limey)
19	230	Lime	2	673	Lime
19	249	Sandy Shale	2	675	Shale
14	263	Shale	1	676	Light Shale
5	268	Lime	1	677	Light Shale (Oil Sand Stks)(Poor Bleed)
24	292	Shale	1	678	Oil Sand (Shaley)(Fair Bleed)
19	311	Lime	1	679	Oil Sand (Very Shaley)(Poor Bleed)(Some Water)
16	327	Shale	2	681	Oil Sand (Shaley)(Some Water)(Poor Bleed)
25	352	Lime	2	683	Oil Sand (Some Shale)(Fair Bleed)
5	357	Black Shale	2	685	Oil Sand (Some Shale)(Water)
4	361	Shale	4	689	Oil Sand (Some Shale)(Fair Bleed)(Very little Water)
20	381	Lime	1.5	690.5	Oil Sand (Shaley)(Fair Bleed)
4	385	Black Shale	3.5	694	Shale (Oil Sand Stks)(Poor Bleed)
4	389	Lime	11	705	Sandy Shale
3	392	Shale	TD	731	Shale
5	397	Lime			
23	420	Shale			
6	426	Sand (Oder)			
8	434	Sandy Shale (Oil Sand Stks)(Poor Bleed)			
7	441	Sandy Shale			
60	501	Shale			
4	505	Light Shale (Limey)			
1	506	Lime			
9	515	Light Sandy Shale			SET SURFACE – 4:30 PM – 9/30/14
45	560	Shale			CALLED IN 3:06 PM – TALKED TO BROOKE
6	566	Sandy Shale(Oil Sand Stks)(Poor Bleed)(Limey)			LONGSTRING – 721' of 2 7/8" 8' ROUND PIPE
1	567	Shale			SET TIME 1:45 PM – 10/01/14
6	573	Lime			CALLED IN 12:56 PM - TALKED TO LEVI

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