



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1243119
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: _____



1243119

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 <i>(Attach Additional Sheets)</i>	<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 <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
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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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Lease:	Brownback Trust
Owner:	D & L Services Inc
OPR #:	34694
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339
Surface:	Cemented: 5 Sacks Hole Size: 8 7/8"
Longstring:	Cemented: 60 sacks Hole Size: 5 5/8"
8 round pipe	

Well Log

Well #:		5	
Location:		SW, SE, NW, S17-T21-R22E	
County:		Linn	
FSL:		2805' S	
FEL:		3185' E	
API#:		15-107-25070-00-00	
Started:		10/22/2014	
Completed:		10/23/2014	
SN:		Packer:	
Plugged:		Bottom Plug:	

Dale Jackson Production Co.
 Box 266, Mound City, Ks 66056
 Cell # 620-363-2683
 Office # 913-795-2991

TKN	BTM	Depth	Formation	TKN	BTM	Depth	Formation
1		1	Top Soil	6	451	6	Light Shale
7	8	8	Clay	6	457	6	Light Sandy Shale
44	52	44	Lime	6	463	6	Light Sandy Shale (Oil Sand Stks)(Poor Bleed)
2	54	2	Shale	2	465	2	Sandy Shale (Oil Stks)(Limey)(Poor Bleed)
2	56	2	Black Shale	8	473	8	Sandy Shale (Oil Stks)(Poor Bleed)
2	58	2	Shale	6	479	6	Sandy Shale (Oil Stks)(Fair Bleed)
17	75	17	Lime	4	483	4	Oil Sand (Very Shaley)(Fair Bleed)
2	77	2	Black	1	484	1	Oil Sand (Good Bleed)
2	79	2	Shale	1	485	1	Oil Sand (Some Shale)(Fair Bleed)
3	82	3	Lime	3	488	3	Oil Sand (Good Bleed)
4	86	4	Shale	1	489	1	Black Sand
13	99	13	Lime	7	496	7	Black Sandy Shale
10	109	10	Light Shale	21	517	21	Shale
11	120	11	Shale	2	519	2	Lime
6	126	6	Sandy Shale	26	545	26	Shale
6	132	6	Shale	2	547	2	Lime
21	153	21	Sandy Shale	2	549	2	Black Shale
73	226	73	Shale		550		Shale
12	238	12	Light Shale (Limey)				
24	262	24	Shale				
6	268	6	Light Shale				
7	275	7	Lime				
7	282	7	Shale (Limey)				
12	294	12	Lime				
7	301	7	Shale				
4	305	4	Sand (Dry)				
6	311	6	Light Sandy Shale				
24	335	24	Shale				
2	337	2	Coal				
3	340	3	Shale				
15	355	15	Lime				
12	367	12	Shale (Limey)				
4	371	4	Lime				
2	373	2	Black Shale				
26	399	26	Shale				
15	414	15	Lime				
12	426	12	Shale				
3	429	3	Lime				
1	430	1	Shale				
2	432	2	Lime				
5	437	5	Black Shale				
4	441	4	Shale				
4	445	4	Lime				
SET SURFACE - 4:30 PM - 10/22/14 CALLED IN 3:53 PM - TALKED TO MICHELLE LONGSTRING - 543' of 2 7/8" 8' ROUND PIPE SET TIME 2:30 PM - 10/23/14 CALLED IN 1:57 PM - TALKED TO BROOKE							

