

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1315970

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 #	API No. 15				
Name:	Spot Description:				
Address 1:					
Address 2:	Feet from North / South Line of Section				
City: State: Zip:+	Feet from East / West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()	□NE □NW □SE □SW				
CONTRACTOR: License #	GPS Location: Lat:, Long:				
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)				
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84				
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:				
☐ Oil ☐ WSW ☐ 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: ☐ Well Name:	Producing Formation: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: sx cmt.				
Original Comp. Date: Original Total Depth:					
□ Deepening □ Re-perf. □ Conv. to ENHR □ Conv. to SWD □ Plug Back □ Conv. to GSW □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
Commingled Permit #: Dual Completion Permit #: SWD Permit #:	Chloride content:ppm Fluid volume:bbls Dewatering method used: Location of fluid disposal if hauled offsite:				
☐ ENHR Permit #: ☐ GSW Permit #:	Operator Name: Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or Recompletion Date	QuarterSec. TwpS. REastWest 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:				



Operator Name:			Lease Name: _			Well #:	
Sec Twp	S. R	East West	County:				
open and closed, flow	ring and shut-in pressu	ormations penetrated. Cures, whether shut-in prediction of the pre	essure reached stat	ic level, hydrosta	tic pressures, bot		
		otain Geophysical Data a or newer AND an image		ogs must be ema	illed to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taken (Attach Additional S		Yes No			on (Top), Depth ar		Sample
Samples Sent to Geol	logical Survey	Yes No	Nam	ie		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING	RECORD N	ew Used			
		Report all strings set-			ion, 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 / SQI	JEEZE RECORD	I	1	
Purpose: Depth Type of Cement # Sacks Used Perforate		# Sacks Used	Type and Percent Additives				
Protect Casing Plug Back TD Plug Off Zone							
	ulic fracturing treatment or	n this well? aulic fracturing treatment ex	roed 350 000 gallons	Yes		p questions 2 ar	nd 3)
		submitted to the chemical of	=	Yes	= ' '	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:			
TODING RECORD.	OILG.	Jet At.	i aunei Al.		Yes No		
Date of First, Resumed	Production, SWD or ENF	HR. Producing Meth	nod:	Gas Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil B	bbls. Gas	Mcf Wat	er B	bls. C	as-Oil Ratio	Gravity
DISPOSITION Vented Sold	ON OF GAS:	N Open Hole	METHOD OF COMPL		mmingled	PRODUCTIO	DN INTERVAL:
	(Submit ACO-5) (Submit ACO-4)						

Form	ACO1 - Well Completion
Operator	Jackson Brothers, L.L.C.
Well Name	JACKSON HEIRS C 2
Doc ID	1315970

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	84	?	40	?
Production	7.875	4.500	9.5	2482	60-40 Pozmix	85	15 Gals. Latex

SERVICE TICKET

Washown Wert 2 Nº 6839

UNITED CEMENTING & ACID CO., INC.

BOX 712		DO, KANSAS 67042	PHONE AC 316-321-4680
DATE 8-6		COUNTY Green	Dood
CHG. TO:	ackson a Broson	IMA ADDRESSAGGIAGO	
CITY		STATE /ausus	ZIP
LEASE & WELL	No Lackson Heirs	2 View SEC. TW	P. RNG.
CONTRACTOR		TIME ON LOCATION	N 3:30 AM
KIND OF JOB	cementing 2	ong String	Tile tellar
SERVICE CHAR		1	buyer.
cash	bedan MATERIAL USE	s satisfactory credic	Unles
QUANTITY 85	50x 60-40 TYPE	11 be rexited in 200	payment wi
15	date Latexie	ll make reasonable att	We wil
2 amrican		our own power. Shoul	well under
nt,	other pulling equipmen		necessary
2010	by the customer, or if	ment will be supplied	such equipm
	3 Day 18115 O.	ay da, the coat will t	DOMETHINI
to	maintain our equipment	deavor to design and m	We end
but	erty damage insurance,	ic liability and prope	carry publ
DEL. CHGE.	and unknown conditions	29 MILEAGE	as there a
RECEIVED BY:	nor for loss or damage	o property or persons	THE RESIDENCE OF THE PROPERTY
T. D. 248		CSG. SET AT 278	32 VOLUME
SIZE HOLE	778	TBG SET AT	VOLUME
MAX. PRESS.	400 PSJ		our service
PLUG DEPTH_S	14 recovered, cupy of	ON TI PKER DEPTHYOUT	attempt to
PLUG USED	Publer 1901BV	TIME FINISHED	30pm
REMARKS:	dered and the customer	material service is on	
KLIMAKKO.		me after the solution	
			incurred.
\$1210	a dead haul charge of	s otherwise specified	an Imles
	for each service unit		
		t not used.	ordered bu
	change without notice.	rices are subject to a	q IIA
	FIUDA interest after	PMENT USED	D IIA AII U
NAME	UNIT NO.	om date of invoice	THE CO days fr
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	- any	4	Da Mon
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CEI	MENTER OR TREATER	(OVVI	The Item of Item o