

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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MIAMI LUMBER INC.

1014 NO. PEARL
PAOLA, KS 66071
(913) 294-2041-FAX (913) 294-4954

1462422

CASH SALE

11/13/17 09:28 01

CASH SALE

SHIP JIM FURLEY
TO: 38709 W.263RD

S 1
P 10
A 1
W 5
C 1
P 1

CUST#: 1.0000 DEL DATE:11/13/17 TERMS: DUE THE 10TH FROM: O 4078965
913 259 1576

L#	QTY	DESCRIPTION	ITEM #	UNITS	PRICE	AMOUNT
1	210	PORTLAND CEMENT TYPE I/II 94#	780110500	210	12.00 EA	2520.00
2	210	80# FENCE POST MIX	780113110	210	4.60 EA	966.00
3	11	TXI WOOD PALLET	78019000A	11	15.00 EA	165.00
4						
5		**** DELIVER MONDAY BETWEEN				
6		10 AND 11				
7		**** JIM FURLEY WILL CALL WITH				
8		ADDRESS				
9						
10		***** LOAD SO ALL PALLETS ARE				
11		ON THE EDGE OF TRUCK SO THEY				
12		CAN BE MACHINE UNLOADED AT				
13		JOB SITE				

E. Miami
Paid
OK # 4726
11/13/2017

PAID BY: C.O.D. 3988.72

THANK YOU FOR SHOPPING AT MIAMI
LUMBER INC.

SUBTOTAL 3651.00
D PAOLA SALES TAX 337.72
TOTAL 3988.72

Lease:	Tarr II	
Owner:	Diamond B Miami/Flood	
OPR #:	5876	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface: 20' of 6"	Cemented: 5 Sacks	Hole Size: 8 3/4"
Longstring: 688' of 2 7/8" 8 round pipe	Cemented: 94 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 #: DY-13A
Location: NE, SW, SW, SE, S19-T15-R22E
County: Miami
FSL: 586
FEL: 2012
API#: 15-121-31401-00-00
Started: 12-1-17
Completed: 12-5-17

SN: None	Packer: Rag 688'	TD: 704'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	Top Soil	6	612	Lime
13	14	Clay	3	615	Oil Sand (shaley)(good bleed)
19	33	Lime (clay stks)	14	629	Shale
4	37	Black shale	5	634	Lime
11	48	Lime	2	636	Black shale
5	53	Sandy shale	12	648	Shale
24	77	Lime	2	650	Lime
4	81	Shale	5	655	Shale
3	84	Red Bed	7	662	Lime (shaley)
21	105	Shale	24	686	Shale
14	119	Lime	2	688	Sand shale (Oil sand strks)
8	127	Shale	4	692	Oil Sand (shaley)(fair bleed)
6	133	Sand (some shale) TK (taking fluid)	1	693	Lime
28	161	Shale (sand strks)	2	695	Oil sand (some shale)(fair bleed)
53	214	Shale	4	699	Oil sand (shaley)(poor bleed)
21	235	Lime	2	701	Oil sand (very shaley) (poor bleed)
6	241	Shale	TD	704	Sandy shale
10	251	Sand (some shale)			
15	266	Shale			
5	271	Lime			
23	294	Shale			
21	315	Lime			
15	330	Shale			
23	353	Lime			
4	357	Black Shale			
6	363	Shale			
22	385	Lime			
4	389	Black shale			
5	394	Lime			
3	397	Shale			
5	402	Lime			
23	425	Shale			
6	431	Oil sand (very shaley)(good bleed)			
9	440	Sandy shale			
69	509	Shale			
6	515	Sandy shale (slight oder)			
49	564	Shale			
4	568	Oil sand (good bleed)			
3	571	Shale			SET SURFACE - 11:00 AM - 12/1/17
7	578	Lime			CALLED IN 10:00 AM - TALKED TO BROOKE
8	586	Shale			LONGSTRING - 688' of 2 7/8" 8' ROUND PIPE
3	589	Lime			SET TIME 12:00 PM - 12/5/17
17	606	Shale			CALLED IN 10:45 AM - TALKED TO BROOKE