

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
--	---

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)*

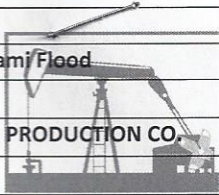
Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water 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
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--

Lease:	Phillips
Owner:	Diamond B Miami/Flood
OPR #:	5876
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339



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

Well #: DP-2A
Location: SE,SW,SW,NE,S23-T16-R21E
County: Miami
FSL: 2910
FEL: 2069
API#: 15-121-31402-00-00
Started: 12-5-17
Completed: 12-7-17

Surface: 20' of 6"	Cemented: 5 Sacks	Hole Size: 8 3/4"
Longstring: 649' of 2 7/8" 8 round pipe	Cemented: 94 sacks	Hole Size: 5 5/8"

SN: None	Packer: Rag 649'	TD: 664'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil	2	649	Shale (Oil sand strks)
6	8	Clay	3	652	Oil Sand (fair bleed)(shaley)
11	19	Lime	1	653	Lime
7	26	Shale	7	660	Oil sand (fair bleed)(some shale)
20	46	Lime	TD	664	Shale (Oil sand strks)
10	56	Shale			
15	71	Sandy shale			
15	86	Lime			
6	42	Shale			
5	97	Sand			
4	101	Shale (sand strks)			
77	178	Shale			
20	198	Lime			
6	204	Shale			
10	214	Sand			
18	232	Shale			
5	237	Lime			
18	255	Shale			
13	268	Sand			
8	276	Lime			
4	280	Shale			
2	282	Lime			
15	297	Shale			
26	323	Lime			
5	328	Black shale			
3	331	Shale			
25	356	Lime			
2	358	Black shale			
12	370	Lime			
24	394	Shale			
8	402	Sandy Shale			
136	538	Shale			
10	548	Lime			
25	573	Shale			
5	578	Lime			
3	581	Shale (limey)			
3	584	Oil Sand (fair bleed)			
12	596	Shale			
4	600	Lime			SET SURFACE - 1:30 PM - 12/5/17
2	602	Black shale			CALLED IN 10:45 AM - TALKED TO BROOKE
21	623	Shale (limey)			LONGSTRING - 649' of 2 7/8" 8' ROUND PIPE
4	627	Lime			SET TIME 12:00 PM - 12/7/17
20	647	Shale (limey)			CALLED IN 11:00 AM - TALKED TO BROOKE

MIAMI LUMBER INC.

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

1462744

CASH SALE

11/20/17 14:10 01

CASH SALE

SHIP JIM FURLEY
TO: 38709 W.263RD

S 1
P 3
A 1
W 2
C 1
P 1

CUST#: 1.0000
913 259 1576

OUR PO: 111162
TERMS: DUE THE 10TH FROM: O 4079046

L#	QTY	DESCRIPTION	ITEM #	UNITS	PRICE	AMOUNT
1	140	PORTLAND CEMENT TYPE I/II 94#	780110500	140	12.00 EA	1680.00
3	4	TXI WOOD PALLET	78019000A	4	15.00 EA	60.00
4						
5		**** DELIVER FRIDAY 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				
14	2-	TXI WOOD PALLET	78019000A	2-	15.00 EA	30.00-
15	210-	80# FENCE POST MIX	780113110	210-	4.60 EA	966.00-

Paid
#21947
Miami Flood

PAID BY: Check 812.82

SUBTOTAL 744.00
D PAOLA SALES TAX 68.82
TOTAL 812.82

THANK YOU FOR SHOPPING AT MIAMI
LUMBER INC.