

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)*

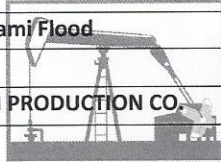
Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water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

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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Lease:	Henning	
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: 647' of 2 7/8" 8 round pipe	Cemented: 96 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 #: DH-13A
Location: SE,SE,NE,NW,S23-T16-R21E
County: Miami
FSL: 1165
FEL: 2805
API#: 15-121-31447-00-00
Started: 1-8-18
Completed: 1-10-18

SN: none	Packer: 647'	TD: 659'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil	15	585	Shale (Limey)
10	12	Clay	10	595	Shale
38	50	Lime	3	598	Lime
5	55	Shale	3	601	Black Shale
2	57	Red Bed	22	623	Shale (Limey)
2	59	Shale	3	625	Lime
5	64	Sand	5	631	Shale
17	81	Shale	1	632	Coal
17	98	Lime	6	638	Shale
12	110	Shale	1	639	Lime
6	116	Sandy Shale	2	641	Shale
63	179	Shale	3	644	Light Shale
20	199	Lime	3	647	Light Sandy Shale (oder)
7	206	Shale	1	648	Oil Sand (Very Shaley) (poor bleed)
12	218	Sand	2	650	Oil Sand (some shale) (poor bleed)
15	233	Shale	3	653	Oil Sand (some shale) (fair bleed)
5	238	Lime	4	657	Oil Sand (very shaley) (fair bleed)
12	250	Shale	1	658	Sandy Shale (Oil sand strks) (poor bleed)
5	255	Light Sandy Shale	TD	659	Shale
8	263	Sand			
2	265	Sand Shale			
5	270	Shale			
5	275	Lime			
22	297	Shale			
25	322	Lime			
5	327	Shale			
6	333	Black Shale			
20	353	Lime			
4	357	Black Shale			
4	361	Shale			
4	365	Shale			
4	369	Lime			
18	387	Shale			
6	393	Shale (Limey)			
4	397	Sandy Shale			
5	402	Sand			
5	407	Sandy Shale			
66	473	Shale			
15	488	Light Sandy Shale			
47	535	Shale			SET SURFACE - 12:00 PM - 1/8/18
8	543	Lime			CALLED IN 11:00 AM - TALKED TO BROOKE
26	569	Shale			LONGSTRING - 647' of 2 7/8" 8' ROUND PIPE
1	570	Coal			SET TIME 12:00 PM - 1/10/18
					CALLED IN 10:45 AM - TALKED TO BROOKE

Miam - Conroy
Lumber

Before 3:30

4079088

CASH ORDER

* call Jim whenever
11/21/17 12:11
Quikrete
so he can meet
us there to
unload

SOLD CASH SALE
TO:

SHIP JIM FURLEY
TO: 38709 W.263RD

S 1
P 605
A 1
W 2
C 1
P 1

CUST#: 1.0000

913 259 1576

OUR PO: 311212
TERMS: DUE THE 10TH

L#	QTY	LOADED	DESCRIPTION	CATALOG	UNITS	LOC
2	210	<u>210</u>	80# FENCE POST MIX	PM	210 EA	
3	5		TXI WOOD PALLET	PALLET	5 EA	
4						
5			*** PICK UP TUESDAY OR WEDNESDY			
6			AT QUIKRETE WHEN AMY CALLS			
7						
8			**** RETURN 3 PALLETS OF POST			
9			MIX WHEN WE GO TO PICK UP			
10			FLY ASH			
11						
12			***** LOAD SO ALL PALLETS ARE			
13			ON THE EDGE OF TRUCK SO THEY			
14			CAN BE MACHINE UNLOADED AT			
15			JOB SITE			

TOTAL: 1137.29 PREVIOUS DEPOSIT: .00 DEPOSIT: .00 BALANCE: 1137.29
PAID BY:

Heunings
Pd ck # 4059
11/30/2017

PULLED BY _____ CHECKED BY _____ **BE SURE TO DOUBLE CHECK ALL TALLIES****
**** LET DAVE OR PETE KNOW IF THERE ARE ANY CHANGES TO THE ORDER ****