KOLAR Document ID: 1506880

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 #	API No.:
Name:	Spot Description:
Address 1:	SecTwpS. R East _ West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	County:
Purchaser:	·
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
☐ Oil ☐ WSW ☐ SWD ☐ Gas ☐ DH ☐ EOR ☐ OG ☐ GSW	Producing Formation: Kelly Bushing: Elevation: Ground: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? ☐ Yes ☐ No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
□ Deepening □ Re-perf. □ Conv. to EOR □ Conv. to SWD □ Plug Back □ Liner □ Conv. to GSW □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content:ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	·
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date	Quarter Sec. TwpS. 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:			

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Page Two

Operator Name: _				Lease Name:			Well #:	
Sec Twp.	S. R.	Ea	ast West	County:				
	flowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	. Digital electronic log
Drill Stem Tests Ta			Yes No		_	on (Top), Depth ar		Sample
Samples Sent to G	Geological Surv	ey	Yes No	Na	me		Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		R			New Used	on, etc.		
Purpose of Strir		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / S	QUEEZE RECORD	I		
Purpose:		epth Ty	pe of Cement	# Sacks Used Type and Percent Additives				
Protect Casi								
Plug Off Zon								
 Did you perform a Does the volume o Was the hydraulic 	of the total base f	luid of the hydraulic	fracturing treatment	_	=	No (If No, sk	ip questions 2 an ip question 3) out Page Three (,
Date of first Producti Injection:	ion/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other (Explain)		
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			N INTERVAL: Bottom
	_	on Lease	Open Hole			mmingled mit ACO-4)	Тор	Bottom
,	, Submit ACO-18.)				· · · · · · · · · · · · · · · · · · ·			
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record
TUBING RECORD:	Size:	Set /	At:	Packer At:				
. 5213 (1200) 10.	JIEG.			. 30.0.71				

Form	ACO1 - Well Completion	
Operator	Bobcat Oilfield Service, Inc.	
Well Name	SPINDLE 4-19	
Doc ID	1506880	

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	8.750	6	10	20	Portland	5	50/50 POZ
Production	5.625	2.875	8	391	Portland	60	50/50 POZ

Lease:	Spindle	
Owner:	Bobcat Oilfield	Services
OPR #:	3895	
Contractor:	DALE JACKSON	PRODUCTION CO.
OPR #:	4339	-51 /H\ -57.1
Surface:	Cemented:	Hole Size:
20' of 6"	5 Sacks	8 ¾"
Longstring:	Cemented:	Hole Size:
383' 2 7/8 8rd	60 sacks	5 5/8

Dale Jackson Production Co. Box 266, Mound City, Ks 66056 Cell # 620-363-2683 Office # 620-363-2696

0	Well #: 4-19
	Location: SENESESWS18T17R24E
	County: Miami
1	FSL: 817
	FEL: 2905
	API#:15-121-31610
	Started: 11-6-2019
	Completed: 11-7-2019
I	TD: 391'

er:
om Plug:

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil			
15	17	Clay			
8	25	Lime			
29	54	Shale			
3	57	Lime			
23	80	Shale			
6	86	Sandy Shale (Oil Show) (Strong Odor)			
18	104	Shale			
14	118	Lime			
12	130	Shale			
28	158	Lime (Odor)			
2	160	Black Shale			
5	165	Light Shale			
20	185	Lime			
3	188	Black Shale			
3	191	Lime			
4	195	Shale			
8	203	Lime			
10	213	Light Shale			
3	216	Sandy Shale (Black sand streak))			
64	280	Sandy Shale			
36	316	Shale			
35	351	Light shale			
3	354	Black shale (Coal streak) (Oil show)			Surface 20' of 6"
2	356	Light shale			Set Time 12:00PM 11-6-2019
2	358	Oil sand (Some shale) (Fair bleed)			Called Brooke 11:30AM
3	361	Oil sand (Some Lime) (Fair bleed)			Longstring 383' 2 7/8 8rd 391'TD
2	363	Oil sand (Good bleed) (Very little lime)			Set Time 1:00PM 11-7-2019
3	366	Lime			Called Brooke 11:53AM
2	368	Oil sand (Very Limey) (Poor bleed)			
2	370	Oil sand (Very Shaley) (Poor bleed)			
3	373	Sandy shale (Oil sand streak)			
TD	391	Shale			
	<u>l</u>	<u> </u>	1	1	1