KOLAR Document ID: 1683816

Confident	tiality Re	equested:
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
				U LLAGE

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.gxxx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	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?
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	Drilling Fluid Management Plan
Plug Back Liner Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Location of huid disposa in natied offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date	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:

KOLAR Document ID: 1683816

Operator Nam	ne:			Lease Name:	_ Well #:
Sec	Twp	S. R	East West	County:	

Page Two

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 (Attach Additional Sh	eets)	Y	es 🗌 No			og Formatio	n (Top), Depth	and Datum	Sample
Samples Sent to Geolog	*		és 🗌 No	Ν	lame	e		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:			ies No ies No ies No						
		Repo	CASING I] Ne	w Used rmediate, productio	on, etc.		
Purpose of String	Size Hole Drilled		ze Casing tt (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose: Depth Perforate		Туре	e of Cement	# Sacks Used	S Used Type and Percent Additives				
Protect Casing Plug Back TD Plug Off Zone									
 Did you perform a hydra Does the volume of the is Was the hydraulic fractu Date of first Production/Inj 	total base fluid of the h ring treatment informa	nydraulic fra tion submit	acturing treatment	al disclosure regis	-	Yes ns? Yes Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three	
Injection:			Flowing	Pumping		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er Bb	ls.	Gas-Oil Ratio	Gravity
DISPOSITION	I OF GAS:		M	ETHOD OF COM	IPLE	TION:			ON INTERVAL:
Vented Sold Used on Lease Open Hole Perf. (If vented, Submit ACO-18.)			-		mingled	Тор	Bottom		
				Bridge Plug Set At		Acid,		ementing Squeeze	
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Bobcat Oilfield Service, Inc.
Well Name	NUTT HW-4
Doc ID	1683816

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set		Setting Depth	Type Of Cement		Type and Percent Additives
Surface	8.75	6	10	20	Portland	5	50/50 POZ
Production	5.625	2.875	8	703	Portland	103	50/50 POZ

Lease:	Nutt		1		Well #: HW-4
Owner:	Bobcat Oilfield	Service LLC	Dale Jackson Pro	duction Co.	Location: SWNENESW Sec13 Twp16 S. R.21
OPR #:	3895		Box 266, Mound C		F
Contractor:	DALE JACKSON	PRODUCTION CO.	Cell # 620-30		County: Miami
OPR #:	4339	-5 /FL	Office # 620-3	863-2696	FSL: FEL:
Surface: 20' of 6"	Cemented: 5 Sacks	Hole Size: 8 ¾"			API#: 15-121-31769-00-00
Longstring: 703'	Cemented: 103 Sack	Hole Size: 5 5/8			Started: 11-22-2022 Completed: 11-23-2022
2 7/8 8rd	54 Portland 49 Flyash		SN: None	Packer: None	TD: 711'
			Plugged: None	Bottom Plug: None	
	Well Lo	g			

Well Log

2 Topsoli 5 581 Lime (Oil Sand Stk) (Poor Bleed) 5 7 Clay 11 592 Shale (Limey) 6 20 Black Shale (Limey) 2 599 Black Shale (Limey) 1 31 Lime 21 620 Shale (Limey) 2 3 44 Shale 3 623 Lime 3 8 42 Lime 7 630 Shale (Limey) 5 5 47 Shale 2 632 Lime 5 3 50 Red Bed 3 635 Coal 5 10 Shale 2 637 Shale (Limey) 5 647 Shale 2 642 Shale (Limey) 20 10 Sandy Shale 2 648 Sandy Shale (Limey) 5 2 10 11 Sandy Shale 1 651 0il Sand (Shae Shale) (Poor Bleed) 5 201 Shale (Limey) 1 651	
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10 531 Shale (Limey)	
10 541 Lime	
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11 571 Black Shale	
5 576 Lime	



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

