

Kansas Corporation Commission Oil & Gas Conservation Division

ORIGINAL
Form ACO-1
October 2008
Form Must Be Typed

RECEIVED

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 4339	API No. 15 - 011-23341-0000
OPERATOR: License # 4339 Name: Dale Jackson Production Co.	Spot Description:
Address 1: _P.O. Box 266	SE_SW_NE_Sec. 6Twp. 24_S. R. 24
Address 2:	
City: Mound City State; Ks Zip: 66056 +	1895 Feet from Fast / West Line of Section
Contact Person: Dale Jackson	Footages Calculated from Nearest Outside Section Corner:
	□ NE □ NW ☑ SE □ SW
Phone: (620) 363-2683 CONTRACTOR: License # 4339 KANSAS CORPORATION COMMISSION	County: Bourbon
Name: Dale Jackson JUL 2 7 2009	Lease Name: Feagins East Well #: F 32
Wellsite Geologist: Dale Jackson	Field Name: Feagins
Wellsite Geologist: Dale Jackson Purchaser: Plains Marketing RECEIVED	Producing Formation: Squirrel
Designate Type of Completion:	Elevation: Ground: 860 Kelly Bushing:
✓ New Well Re-Entry Workover	Total Depth: 170 Plug Back Total Depth:
✓ Oil SWD SIOW	Amount of Surface Pipe Set and Cemented at: 20 Feet
Gas ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
CM (Coal Bed Methane) Temp. Abd.	
Dry Other	If yes, show depth set:Feet
(Core, WSW, Expl., Cathodic, etc.)	feet depth to: Surface w/ 5 sx crist.
If Workover/Re-entry: Old Well Info as follows:	A(+2-Dc sx crist.
Operator:	Drilling Fluid Management Plan
Well Name:	(Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content: ppm Fluid volume: bbls
Deepening Re-perf Conv. to Enhr Conv. to SWD	Dewatering method used:
Plug Back: Plug Back Total Depth Commingled Docket No.	Location of fluid disposal if hauled offsite:
	Operator Name:
Dual Completion Docket No.:	Lease Name: License No.:
Other (SWD or Enhr.?) Docket No.:	· · · · · · · · · · · · · · · · · · ·
3/10/08 3/11/08 3/11/08 Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West
Spud Date or Date Reached TD Completion Date or Recompletion Date	County: Docket No.:
INSTRUCTIONS: An original and two copies of this form shall be filed with t Kansas 67202, within 120 days of the spud date, recompletion, workover or color side two of this form will be held confidential for a period of 12 months if requitality in excess of 12 months). One copy of all wireline logs and geologist well BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form	nversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information pested in writing and submitted with the form (see rule 82-3-107 for confident peport shall be attached with this form. ALL CEMENTING TICKETS MUST
All requirements of the statutes, rules and regulations promulgated to regulate the are complete and correct to the best of my knowledge. Signature:	e oil and gas industry have been fully complied with and the statements herein
Title: Owner Date: 5/28/2009	N MANA
Subscribed and sworn to before me this 29 day of May	Letter of Confidentiality Received
20 09 BIOGRAY PUBLIC - State	© (I LEGGES) Wireline Log Received
Notary Public: Susame Puris My Appt. Exp. Co	Geologist Report Received WINDS CONFUNTION COMPISSION
Date Commission Expires: 10-2-2012	UIC Distribution JUN 0 1 2009

Side Two

Operator Name: Dale	Jackson Produc	tion Co.	Lease Name: .	Feagins East		Well #; _F 3	2
Sec. 6 Twp. 24	S. R. <u>24</u>	✓ East ☐ West	County: Bou	rbon			
ime tool open and clos	ed, flowing and shu if gas to surface to	nd base of formations per it-in pressures, whether s est, along with final chart report.	shut-in pressure rea	ached static leve	l, hydrostatic pr	essures, bottom	hole temperature, fluid
Orill Stem Tests Taken (Attach Additional Sh	reets)	☐ Yes 📝 No		Log Formation	on (Top), Depth	and Datum	[] Sample
Samples Sent to Geolo		☐ Yes 🗹 No	Nar Squi			Тор 156	Datum 704
Cores Taken Electric Log Run (Submit Copy)		☐ Yes ☑ No ☐ Yes ☑ No					
ist All E. Logs Run:		· · · · · · · · · · · · · · · · · · ·		-		mana company to the control	
		CASING Report all strings set-	RECORD [] N		tion, 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
Surface Casing	8 3/4	6		20	Portland	5	None
Casing	5 5/8	2 3/8		164	Portland	22	None
		ADDITIONAL	L. CEMENTING / SC	QUEEZE RECORE)		
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	#Sacks Used		Туре а	nd Percent Additive	s
Shots Per Foot	PERFORATI Specify	ON RECORD - Bridge Plug Footage of Each Interval Per	gs Set/Type forated		acture, Shot, Cen Amount and Kind o	nent Squeeze Reco f Material Used)	ord Depth
TUBING RECORD: 2 3		Set At:	Packer At: 165	Liner Run:	Yes 🗸	No	
Date of First, Resumed P	ROMOTION, SAND OF EN	hr. Producing Met	nod: [] Flowi	ng 🗸 Pump	ing 🔲 Ga	s Lift 🔲 Oti	ner (Explain)
Estimated Production Per 24 Hours	Oil 0.5	Bbls. Gas None	į.	ater 8	3bls.	Gas-Oil Ratio	Gravity 30
DISPOSITION	N OF GAS:		METHOD OF COMPI	LETION:			ION INTERVAL:
Vented Sold	Used on Lease	✓ Open Hole [Other (Specify)	Perf. Dual	lly Comp. Co	ommingled	156'-168'	



Big Sugar Lumber



 ∞ ∞ TWO LOCATIONS ∞ ∞

Dott center

1005 CLARK STREET FORT SCOTT, KANSAS 66701 (620) 223-5279 FAX (620) 223-1505

JOB NO. PURCHASE ORDER NO.

FIRKING WAND TO STAVE YOU SETTEM!

411 MAIN STREET MOUND CITY, KANSAS 66056 (913) 795-2210 FAX (913) 795-2194

SOLD TO	SHIP TO	DUE STH OF COUNTY	79	3/29/30 A 9E
1915 (A1767) 3099 1077 7			The second of th	2777 (22022) 2777 (22022)
SOLETON KR 65.754		HEPRE 95 T TAX 6 231		o ZONNAS o Charespicação
JANTITY U/M ITEM NUMBER	DESCRIPTION PURILIFIES STREET	SHIFT U	BER OF BIG SUGAR	EXTENSION
	The state of the s	9.15	1 2.24.43 1.	27.C
		1 sacks		
	F-32 2 F-33	4		
dt.	-100			
URE: ACCOUNTS NOT PAID IN FULL IN 30 DAYS AFTER SUBJECT TO SERVICE CHARGE COMPUTED BEFORE DED INTS AND/OR CREDITS APPEARING ON MONTHLY STATIHT LAWS APPLY ON MATERIAL PURCHASED FOR YOUR EIS 1.5% PER MONTH (ALL RETURNS MUST BE ACOMPAI TOCKING CHARGE ON NON-STOCK RETURN ITEMS.	BILLING PAYNEM RECEIVED IN: PULL IN: PAID IN FULL IN: RHOME. NIED BY	We accept the following credit cards	77 YANASLE KIN-TANASLE SUDTOTAL	747.23 0.00 247.25
RECEIVED BY DELIVERY COPY	CHECK PAYGENT CHECK PAYGENT CHECK PAYGENT	MASTERCARD VISA	TAX CATILAT	বৃদ্ধে ড্ৰেন্ড বিভাগত কৰি জীৱন জন্ম

KANSAS CORPORATION COMMISSION

- 262,77

TOTAL ATTENT

JUN 0 1 2009 RECEIVED