

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

*Handwritten:* EOC, Mow, 7/28/09

Operator: License # 4339  
Name: Dale Jackson *Handwritten:* Dale E. Jackson dba Dale Jackson Production Co.

Address 1: P.O. Box 266

Address 2: \_\_\_\_\_

City: Mound City State: Ks Zip: 66056 + \_\_\_\_\_

Contact Person: Dale Jackson

Phone: (620) 363-2683

KANSAS CORPORATION COMMISSION

CONTRACTOR: License # 4339

Name: Dale Jackson

JUL 27 2009

Wellsite Geologist: Dale Jackson

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Purchaser: Plains Marketing

Designate Type of Completion:

- New Well  Re-Entry  Workover
- Oil  SWD  SIOW
- Gas  ENHR  SIGW
- CM (Coal Bed Methane)  Temp. Abd.
- Dry  Other \_\_\_\_\_  
(Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

Deepening  Re-perf.  Conv. to Enhr.  Conv. to SWD

Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_

Commingled Docket No.: \_\_\_\_\_

Dual Completion Docket No.: \_\_\_\_\_

Other (SWD or Enhr.?) Docket No.: \_\_\_\_\_

3/3/2008 3/6/2008 3/6/2008

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - 011-23340-0000

Spot Description: \_\_\_\_\_

SW SE NE Sec. 6 Twp. 24 S. R. 24  East  West

2805 Feet from  North /  South Line of Section

1285 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE  NW  SE  SW

County: Bourbon

Lease Name: Feagins East Well #: F 31

Field Name: Feagins

Producing Formation: Squirrel

Elevation: Ground: 865 Kelly Bushing: \_\_\_\_\_

Total Depth: 520 Plug Back Total Depth: 180

Amount of Surface Pipe Set and Cemented at: 20 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: 20

feet depth to: Surface w/ 5

*Handwritten:* A1+2 - 7/31/09

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 No.: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Dale Jackson

Title: Owner Date: 4/28/2009

Subscribed and sworn to before me this 29 day of May

20 09  
Notary Public: Suzanne Purvis



Date Commission Expires: 10-2-2012

*Handwritten:* No CO RPT per ops. Had 10/09

**KCC Office Use ONLY**

Letter of Confidentiality Received

If Denied, Yes  Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

KANSAS CORPORATION COMMISSION

JUN 01 2009

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Operator Name: Dale Jackson Production Co. Lease Name: Feagins East Well #: F 31  
 Sec. 6 Twp. 24 S. R. 24  East  West County: Bourbon

**INSTRUCTIONS:** Show important tops and base 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, mud recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Fort Scott</td> <td>153</td> <td>714</td> </tr> <tr> <td>Squirrel</td> <td>165</td> <td>700</td> </tr> <tr> <td>Bartlesville</td> <td>312</td> <td>553</td> </tr> <tr> <td>Miss. Lime</td> <td>506</td> <td>359</td> </tr> </table>	Name	Top	Datum	Fort Scott	153	714	Squirrel	165	700	Bartlesville	312	553	Miss. Lime	506	359
Name	Top	Datum														
Fort Scott	153	714														
Squirrel	165	700														
Bartlesville	312	553														
Miss. Lime	506	359														

CASING RECORD <input type="checkbox"/> New <input checked="" 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
Surface Casing	8 3/4	6		20	Portland	5	None
Casing	5 5/8	2 3/8		164	Portland	22	None

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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	520	Portland	54	None

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	165'-171' open hole	15 gal. 15% acid 15 sacks sand	165-171

TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>165</u> Packer At: <u>165</u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u>3-8-08</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
Estimated Production Per 24 Hours	Oil Bbls. <u>2</u> Gas Mcf <u>None</u> Water Bbls. <u>5</u> Gas-Oil Ratio <u> </u> Gravity <u>30</u>

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 checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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# Big Sugar Lumber



"Everything To Build Your Home"

∞ ∞ TWO LOCATIONS ∞ ∞

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

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

BIG SUGAR LUMBER-MOUND CITY  
WORKING HARD TO SERVE YOU BETTER!

CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCES	TERMS	CLERK	DATE	TIME
319429				DU E 5TH OF MONTH	MR	3/6/09	11:35

SOLD TO		SHIP TO	
DALE JACKSON 2449 HWY 7 MAPLETON KS 66754			

FLOOR: 91 MIKE AGENCY  
TAX : 081 KANSAS STATE TAX

BIG SUGAR LUMBER  
MOUND CITY, MO  
INVOICE #

QUANTITY		U/M	ITEM NUMBER	DESCRIPTION	PRICE	NUMBER OF UNITS	BIG SUGAR PRICE	EXTENSION
SHIPPED	ORDERED							
30		BB	OPPC	PORTLAND CEMENT	9.15	30	6.24 /BB	247.20
				<i>Feagins Fast</i>				
				<i>F-31</i>		<i>22 sacks</i>		
				<i>F-32</i>		<i>9 sacks</i>		
				<i>F</i>				

*#3464*

KANSAS CORPORATION COMMISSION  
JUN 01 2009  
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CREDIT DISCLOSURE: ACCOUNTS NOT PAID IN FULL IN 30 DAYS AFTER BILLING...  
SITE ABOVE ARE SUBJECT TO SERVICE CHARGE COMPUTED BEFORE DEDUCTING...  
CURRENT PAYMENTS AND/OR CREDITS APPEARING ON MONTHLY STATEMENT...  
KANSAS LIEN RIGHT LAWS APPLY ON MATERIAL PURCHASED FOR YOUR HOME...  
SERVICE CHARGE IS 1.5% PER MONTH (ALL RETURNS MUST BE ACCOMPANIED BY...  
CHECKET.) 20% RESTOCKING CHARGE ON NON-STOCK RETURN ITEMS.

PAYMENT RECEIVED \$8  
PAID IN FULL \$8

252.77	TOTAL	247.20
	NON-TAXABLE	0.00
	SUBTOTAL	247.20
	TAX AMOUNT	15.57
	TOTAL AMOUNT	262.77



CHECK PAYMENT  
CNO 5354 0823

X  
RECEIVED BY  
DELIVERY COPY



# Big Sugar Lumber



"Everything To Build Your Home"

∞ ∞ TWO LOCATIONS ∞ ∞

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

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

BIG SUGAR LUMBER MOUND CITY  
 WORKING HARD TO MAKE YOU BETTER!

CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCES	TERMS	CLERK	DATE	TIME
49				NET	SE	2/20/09	11:03
SOLD TO		SHIP TO					

NEW CASH ONLY

BOLE JOHNSON

DEL. DATE: 2/20/09  
 CLERK: SA SUE COLEMAN  
 TEL: 913 795-2210

QUANTITY		U/M	ITEM NUMBER	DESCRIPTION	UNIT PRICE	NUMBER OF UNITS	BIG SUGAR PRICE	EXTENSION
SHIPPED	ORDERED							
60		EA	2/PC	PORTLAND CEMENT	0.65	60	39.00 /EA	2340.00
2		EA	2/PC	CONCRETE PALLETS		2	17.00 /EA	34.00
				F-31 Figgins East				

KANSAS CORPORATION COMMISSION  
 JUN 01 2009  
 RECEIVED

DISCLOSURE: ACCOUNTS NOT PAID IN FULL IN 30 DAYS AFTER BILLING ABOVE ARE SUBJECT TO SERVICE CHARGE COMPUTED BEFORE DEDUCTING PAYMENTS AND/OR CREDITS APPEARING ON MONTHLY STATEMENTS. US LIEN RIGHTS LAWS APPLY ON MATERIAL PURCHASED FOR YOUR HOME. SERVICE CHARGE IS 1.5% PER MONTH (ALL RETURNS MUST BE ACCOMPANIED BY INVOICE). 20% RESTOCKING CHARGE ON NON-STOCK RETURN ITEMS.

PAYMENT RECEIVED ON  
 PAID IN FULL ON



561.60	TAXABLE	520.40
	NON-TAXABLE	41.20
	SUBTOTAL	561.60
	TAX AMOUNT	73.23
	TOTAL AMOUNT	634.83

RECEIVED BY  
 DELIVERY COPY

CHECK PAYMENT  
 C/M 5415 AECM