

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 4339

Name: 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

CONTRACTOR: License # 4339

Name: Dale Jackson

Wellsite Geologist: Dale Jackson

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.: \_\_\_\_\_

3/17/08      3/21/08      3/21/08

Spud Date or      Date Reached TD      Completion Date or  
Recompletion Date           Recompletion Date

API No. 15 - 011-23343-0000

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

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

2805 Feet from  North /  South Line of Section

825 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 34

Field Name: Feagins

Producing Formation: Mississippi

Elevation: Ground: 860 Kelly Bushing: \_\_\_\_\_

Total Depth: 540 Plug Back Total Depth: \_\_\_\_\_

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

Alt 2-Dtg. SX CUT 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.

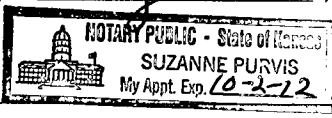
Signature: Dale Jackson

Title: Owner Date: 5/28/2009

Subscribed and sworn to before me this 29 day of May

09

Notary Public: Suzanne Purvis



Date Commission Expires: 10-2-2012

*No GEO RPT. per opes.*  
KCC Office Use ONLY 7/28/09  
*me*

Letter of Confidentiality Received  
If Denied, Yes  Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

KANSAS CORPORATION COMMISSION  
JUN 01 2009

RECEIVED

Operator Name: Dale Jackson Production Co. Lease Name: Feagins East Well #: F 34  
 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, fluid 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>Squirrel</td> <td>172</td> <td>688</td> </tr> <tr> <td>Bartelsville</td> <td>304</td> <td>556</td> </tr> <tr> <td>Lower Bartelsville</td> <td>373</td> <td>487</td> </tr> <tr> <td>Miss. Lime</td> <td>509</td> <td>351</td> </tr> </table>	Name	Top	Datum	Squirrel	172	688	Bartelsville	304	556	Lower Bartelsville	373	487	Miss. Lime	509	351
Name	Top	Datum														
Squirrel	172	688														
Bartelsville	304	556														
Lower Bartelsville	373	487														
Miss. Lime	509	351														

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		521	Portland	65	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 type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size: <u>2 3/8</u>	Set At: <u>520</u>	Packer At: <u>None</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD of E. Hr. <u>3/23/08</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>1</u>	Gas Mcf <u>None</u>	Water Bbls. <u>15</u>	Gas-Oil Ratio <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: <u>521-540</u>
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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
215428				ONE 5TH OF MONTH		7/01/09	9:50

SOLD TO

SHIP TO

DALE JACKSON  
 2449 HWY 7

MAPLETON MO 65754

1870234

NOTE: PLEASE  
 # INVOICE #

ALSO: 94 NINE AVE  
 TAX : 601 MISSOURI STATE TAX

QUANTITY		U/M	ITEM NUMBER	DESCRIPTION	UNIT PRICE	NUMBER OF UNITS	BIG SUGAR PRICE	EXTENSION
SHIPPED	ORDERED							
00		00	0000	PORTLAND CEMENT	9.95	00	0.00 / LB	494.40
				<i>well # Fr 34</i>				

KANSAS CORPORATION COMMISSION

JUN 01 2009  
 RECEIVED

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

PAYMENT RECEIVED \*\*  
 PAID IN FULL \*\*

225.55 TAXABLE 494.40  
 NON-TAXABLE 0.00  
 SUBTOTAL 494.40



CHECK PAYMENT  
 OK# 5735 0000

TAX AMOUNT 31.15  
 TOTAL AMOUNT 525.55

RECEIVED BY  
 DELIVERY COPY