

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 4339

Name: Dale Jackson Production Company

Address 1: P.O. Box 266

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

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

Contact Person: Sue Jackson

Phone: (620) 363-2696

CONTRACTOR: License # 4339

Name: Dale Jackson Production Company

Wellsite Geologist: \_\_\_\_\_

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

11-07-09	11-12-09	11-12-09
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 011-23683-0000

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

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

3055 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 #: F39

Field Name: Feagins

Producing Formation: Squirrel

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

Total Depth: 374 Plug Back Total Depth: 161

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 <sup>sq cmt</sup>

Alt 2 - Dg - 6/14/10

**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

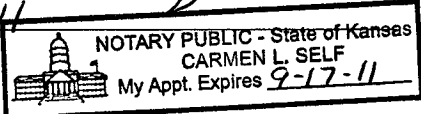
Title: Owner Date: 6/14/10

Subscribed and sworn to before me this 4 day of June

20 10.

Notary Public: Carmen L. Self

Date Commission Expires: 9-17-11



**KCC Office Use ONLY**

N Letter of Confidentiality Received

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

Wireline Log Received

Geologist Report Received

UIC Distribution

**RECEIVED**

**JUN 07 2010**

**KCC WICHITA**

Operator Name: Dale Jackson Production Company Lease Name: Feagins East Well #: F39  
 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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Squirrel	146	719
Electric Log Run (Submit Copy)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List All E. Logs Run:				

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 1/4	2 3/8		148	Portland	20	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	161-374	Portland	30	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

TUBING RECORD:	Size: <u>2 3/8</u>	Set At: <u>148</u>	Packer At: <u>148</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.		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 Bbbs. <u>0.5</u>	Gas Mcf <u>None</u>	Water Bbbs. <u>3</u>	Gas-Oil Ratio <u>30</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)		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>146-161</u> <b>RECEIVED</b>
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Dale Jackson Production Company  
P.O. Box 266  
Mound City, KS 66056

# Invoice

Date 6/4/2010  
Invoice # 1

**Bill To**

Dale Jackson Production Co.  
Box 266  
Mound City Ks. 66056

**Ship To**

Dale Jackson Production Co.  
Box 266  
Mound City, KS 66056

P.O. #  
Terms

Ship Date 11/4/2009  
Due Date 11/4/2009  
Other

Item	Description	Qty	Price	Amount
cement	240 sacks		1,500.00	1,500.00

*These wells were  
cemented with company  
tools by Dale Jackson Production Co*

*(Cement) Purchased from  
Bobcat Oilfield Services Inc  
30805 Coldwater Rd. Lewisburg KS,  
66053*

*This cement was used for  
well # F 36, F37, F39, F38*

*Dale Jackson*  
Dale Jackson Production Company  
sjackson@wildblue.net

913-795-2991  
Fax 913-795-2991

Subtotal \$1,500.00  
Sales Tax (0.0%) \$0.00  
Total \$1,500.00  
Payments/Credits \$0.00  
Balance Due

RECEIVED

JUN 07 2010

KCC WICHITA

*if you need more  
let me know Thanks*