

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

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.: _____

11-13-09 11-14-09 11-14-09

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

API No. 15 - 011-23682 -0000

Spot Description: _____

SW 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 #: F38

Field Name: Feagins

Producing Formation: Squirrel

Elevation: Ground: 865 Kelly Bushing: _____

Total Depth: 166 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 ^{sx cmf}

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

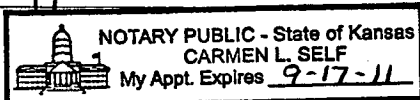
Title: Owner Date: 6/4/10

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 #: F38
 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 ☐ Yes ☒ No
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☐ Yes ☒ No
 (Submit Copy)

List All E. Logs Run:

☒ Log Formation (Top), Depth and Datum ☐ Sample

Name Top Datum

Squirrel 149 716

CASING RECORD ☐ New ☒ 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 | | 153 | Portland | 24 | 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 (Amount and Kind of Material Used) | Depth |
|----------------|---|---|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | | | |
|---|---|--------------|----------------|--|
| TUBING RECORD: | Size: 2 3/8 | Set At: 153 | Packer At: 153 | 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 Bbls. 0.5 | Gas Mcf None | Water Bbls. 3 | Gas-Oil Ratio Gravity 30 |

| | | |
|--|---|---------------------------------|
| 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: 149-165 |
|--|---|---------------------------------|

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.

RECEIVED

JUN 07 2010

KCC WICHITA

Purchased from
Bobcat Oilfield Services Inc
30805 Coldwater Rd. Louisburg KS.
66053

This cement was used for
well # F36, 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 | \$1,500.00 |

if you need more
let me know

Thanks