

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

**ORIGINAL**

Form ACO-9  
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.)*

API No. 15 - 011-23680-0000  
Spot Description: \_\_\_\_\_  
SE SW NE Sec. 6 Twp. 24 S. R. 24  East  West  
2805 Feet from  North /  South Line of Section  
1485 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 #: F36  
Field Name: Feagins  
Producing Formation: Squirrel  
Elevation: Ground: 865 Kelly Bushing: \_\_\_\_\_  
Total Depth: 172 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 <sup>sx cmt</sup> AKZ-DG-6/11/10

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

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 11-13-09 11-13-09  
Spud Date or \_\_\_\_\_ Date Reached TD \_\_\_\_\_ Completion Date or  
Recompletion Date \_\_\_\_\_ Recompletion Date \_\_\_\_\_

**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: Sue Jackson  
Title: Owner Date: 6-4-10  
Subscribed and sworn to before me this 4 day of June  
2010  
Notary Public: Carmen L. Self  
Date Commission Expires: 9-17-11

NOTARY PUBLIC - State of Kansas  
CARMEN L. SELF  
My Appt. 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 #: F36  
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<br><i>(Attach Additional Sheets)</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br>Name Top Datum<br><br>Squirrel<br><br>158 707 |
| 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<br><i>(Submit Copy)</i>                    | <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 5/8             | 2 3/8                     |                   | 161           | Portland       | 24           | None                       |

| ADDITIONAL CEMENTING / SQUEEZE RECORD  |                  |                |             |                            |
|--|------------------|----------------|-------------|----------------------------|
| Purpose:   | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
| ____ Perforate<br>____ Protect Casing<br>____ Plug Back TD<br>____ Plug Off Zone |                  |                |             |                            |

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

|   |  |                     |  |
|---|--|---------------------|--|
| TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>161</u> Packer At: <u>161</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 <i>(Explain)</i> |                     |  |
| Estimated Production Per 24 Hours   | Oil Bbls. <u>0.5</u>   | Gas Mcf <u>None</u> | Water Bbls. <u>3</u> Gas-Oil Ratio Gravity <u>30</u> |

|   |  |   |
|---|--|---|
| DISPOSITION OF GAS:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><input type="checkbox"/> Other <i>(Specify)</i> _____ | PRODUCTION INTERVAL:<br><u>158-171 1/2</u><br><b>RECEIVED</b> |
|---|--|---|

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

*(cement) purchased from  
Bobcat Oilfield Services Inc  
30805 Coldwater Rd. Louisburg KS,  
66053*

*This cement was used  
for well # F 36, F 37, F 39, F 38*

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

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

913-795-2991  
Fax 913-795-2991

*if you need more  
let me know* *Thanks*