



KANSAS CORPORATION COMMISSION 1080064  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
June 2009  
Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

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

OPERATOR: License # 4339  
Name: Jackson, Dale E & Sue Ellen dba Dale E. Jackson Production Co.  
Address 1: 2449 US HIGHWAY 7  
Address 2: \_\_\_\_\_  
City: MAPLETON State: KS Zip: 66754 + 9443  
Contact Person: Dale Jackson  
Phone: (620) 363-2683  
CONTRACTOR: License # 4339  
Name: Jackson, Dale E & Sue Ellen dba Dale E. Jackson Production Co.  
Wellsite Geologist: NA  
Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well     Re-Entry     Workover
- Oil     WSW     SWD     SIOW  
 Gas     D&A     ENHR     SIGW  
 OG     GSW     Temp. Abd.  
 CM (Coal Bed Methane)  
 Cathodic     Other (Core, Expl., 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  
 Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
 Commingled    Permit #: \_\_\_\_\_  
 Dual Completion    Permit #: \_\_\_\_\_  
 SWD    Permit #: \_\_\_\_\_  
 ENHR    Permit #: \_\_\_\_\_  
 GSW    Permit #: \_\_\_\_\_

<u>10/29/2011</u>	<u>11/02/2011</u>	<u>11/02/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-011-23885-00-00

Spot Description: \_\_\_\_\_  
NE NE NE NW Sec. 1 Twp. 24 S. R. 23  East  West  
5115 Feet from  North /  South Line of Section  
2805 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Bourbon

Lease Name: Faulhaber Well #: PA8

Field Name: \_\_\_\_\_

Producing Formation: Cattleman

Elevation: Ground: 863 Kelly Bushing: 868

Total Depth: 413 Plug Back Total Depth: 300

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: 282

feet depth to: 0 w/ 38 sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: 60 ppm Fluid volume: 40 bbls

Dewatering method used: Evaporated

Location of fluid disposal if hauled offsite: \_\_\_\_\_

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

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

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

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**AFFIDAVIT**

I am the affiant and I hereby certify that 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.

Submitted Electronically

**KCC Office Use ONLY**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: Deanna Garrison Date: 06/06/2012



1080064

Operator Name: Jackson, Dale E & Sue Ellen dba Dale E. Jackson Production Co. Lease Name: Faulhaber Well #: PA8  
 Sec. 1 Twp. 24 S. R. 23  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 complete copy of all Electric Wire-line 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

Electric Log Submitted Electronically  Yes  No  
*(If no, Submit Copy)*

Log Formation (Top), Depth and Datum  Sample

Name	Top	Datum
Fort Scott Lime	129	
Squirrel	140	
Cattleman	254	
Bartlesville	340	

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	9.875	7	10	20	Portland	5	None
Production Casing	5.625	2.875	6	282	Portland	38	None

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate	300-413	Portland	15	None
<input type="checkbox"/> Protect Casing				
<input checked="" 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: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  Flowing  Pumping  Gas Lift  Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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# Avery Lumber

P.O. BOX 66  
 MOUND CITY, KS 66056  
 {913} 795-2210 FAX {913} 795-2194

Customer Copy

## INVOICE

PLEASE REFER TO INVOICE NUMBER  
 ON ALL CORRESPONDENCE

Page: 1		Invoice: <b>10035286</b>	
Special Instructions:	<i>Faulhaber</i>	Time:	12:22:52
Sale rep #:	MAVERY MIKE	Ship Date:	10/13/11
		Invoice Date:	10/13/11
		Due Date:	11/05/11
Sold To:	DALE JACKSON 2449 HWY 7 MAPLETON, KS 66754	Ship To:	DALE JACKSON 2449 HWY 7 MAPLETON, KS 66754
Customer #:	319420	Customer PO:	
		Order By:	

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
145.00	145.00	L	BAG	CPPC	PORTLAND CEMENT	9.4410 BAG	9.4410	1368.95
4.00	4.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	68.00

Check # 1178	1541.85	FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$1436.95		
		SHIP VIA Customer Pickup						Taxable	1436.95
Total applied:	1541.85	RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00	Sales tax	104.90
		X				Tax #			

**TOTAL \$1541.85**

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