



KANSAS CORPORATION COMMISSION 1092015  
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     SLOW  
 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 #: \_\_\_\_\_  
8/03/2012    8/06/2012    8/06/2012  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-011-24050-00-00  
Spot Description: \_\_\_\_\_  
NE NE NW SW Sec. 29 Twp. 23 S. R. 24  East  West  
2475 Feet from  North /  South Line of Section  
4125 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Bourbon  
Lease Name: Jackson Well #: PA5  
Field Name: \_\_\_\_\_  
Producing Formation: Upper Bartlesville  
Elevation: Ground: 813 Kelly Bushing: 818  
Total Depth: 296 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at: 36 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: 286  
feet depth to: 0 w/ 38 sx cmt.

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 #: \_\_\_\_\_  
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: NAOMI JAMES Date: 08/28/2012



1092015

Operator Name: Jackson, Dale E & Sue Ellen dba Dale E. Jackson Production Co. Lease Name: Jackson Well #: PA5  
 Sec. 29 Twp. 23 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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

|   |   |       |     |       |          |    |  |                    |     |  |
|---|---|-------|-----|-------|----------|----|--|--------------------|-----|--|
| Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(If no, Submit Copy)</i><br><br>List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br><table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Ft Scott</td> <td>90</td> <td></td> </tr> <tr> <td>Upper Bartlesville</td> <td>284</td> <td></td> </tr> </table> | Name  | Top | Datum | Ft Scott | 90 |  | Upper Bartlesville | 284 |  |
| Name  | Top   | Datum |     |       |          |    |  |                    |     |  |
| Ft Scott  | 90  |       |     |       |          |    |  |                    |     |  |
| Upper Bartlesville  | 284   |       |     |       |          |    |  |                    |     |  |

| CASING RECORD <input checked="" type="checkbox"/> New <input 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  | 8.75              | 6                         | 10                | 36            | Portland       | 7            | None                       |
| Longstring  | 5.625             | 2.375                     | 5.5               | 286           | portland       | 38           | None                       |
|   |                   |                           |                   |               |                |              |                            |

| ADDITIONAL CEMENTING / SQUEEZE RECORD  |                  |                |              |                            |
|--|------------------|----------------|--------------|----------------------------|
| Purpose:   | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| <input type="checkbox"/> Perforate<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><input type="checkbox"/> 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>(Amount and Kind of Material Used) | Depth |
|----------------|---|---|-------|
|                |   |   |       |
|                |   |   |       |
|                |   |   |       |
|                |   |   |       |
|                |   |   |       |

|   |           |   |                                   |
|---|-----------|---|-----------------------------------|
| TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ |           | Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                   |
| Date of First, Resumed Production, SWD or ENHR. _____     |           | Producing Method:<br><input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____ |                                   |
| Estimated Production Per 24 Hours                         | Oil Bbls. | Gas Mcf   | Water Bbls. Gas-Oil Ratio Gravity |

|   |  |  |
|---|--|--|
| 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><i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i><br><input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL:<br>_____<br>_____ |
|---|--|--|

# 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>10042839</b> |   |
| Special :      |  | Time:                    | 10:04:31  |
| Instructions : |  | Ship Date:               | 08/03/12  |
|                |  | Invoice Date:            | 08/03/12  |
| Sale rep #     | MAVERY MIKE                                      | Acct rep code:           | Due Date: 09/05/12  |
| Sold To        | DALE JACKSON<br>2449 HWY 7<br>MAPLETON, KS 66754 | Ship To                  | DALE JACKSON<br>( ) - 2449 HWY 7<br>MAPLETON, KS 66754<br>( ) - |
| Customer #     | 319420   | Customer PO              | Order By:   |

popimg01

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| ORDER  | SHIP   | L | U/M | ITEM# | DESCRIPTION     | Alt Price/Uom | PRICE  | EXTENSION |
|--------|--------|---|-----|-------|-----------------|---------------|--------|-----------|
| 315.00 | 315.00 | L | BAG | CPPC  | PORTLAND CEMENT | 9.4410 BAG    | 9.4410 | 2973.92   |

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|  |   |                |              |        |  |             |           |           |
|--|---|----------------|--------------|--------|--|-------------|-----------|-----------|
|  | FILLED BY                               | CHECKED BY     | DATE SHIPPED | DRIVER |  | Sales total | \$2973.92 |           |
|  | SHIP VIA                                | BOURBON COUNTY |              |        |  | Taxable     | 2973.92   |           |
|  | RECEIVED COMPLETE AND IN GOOD CONDITION |                |              |        |  | Non-taxable | 0.00      | Sales tax |

X

**TOTAL \$3191.02**

2 - Customer Copy

