



KANSAS CORPORATION COMMISSION 1092014
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 Jacskon
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 #: _____

<u>8/20/2012</u>	<u>8/23/2012</u>	<u>8/23/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-011-24052-00-00

Spot Description: _____

NE SW NE NW Sec. 1 Twp. 24 S. R. 23 East West
4455 Feet from North / South Line of Section
3465 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Bourbon

Lease Name: Faulhaber Well #: PC6

Field Name: _____

Producing Formation: Cattleman

Elevation: Ground: 873 Kelly Bushing: 878

Total Depth: 292 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: 279

feet depth to: 0 w/ 32 sx cm.

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



1092014

Operator Name: Jackson, Dale E & Sue Ellen dba Dale E. Jackson Production Co. Lease Name: Faulhaber Well #: PC6
 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <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>148</td> <td></td> </tr> <tr> <td>Squirrel</td> <td>164</td> <td></td> </tr> <tr> <td>Cattleman</td> <td>274</td> <td></td> </tr> </table>	Name	Top	Datum	Ft Scott	148		Squirrel	164		Cattleman	274	
Name	Top	Datum											
Ft Scott	148												
Squirrel	164												
Cattleman	274												

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	20	Portland	5	None
Longstring	5.625	2.375	5.5	279	Portland	32	None

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ 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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <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: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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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: 10042839		
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 2449 HWY 7 MAPLETON, KS 66754	Ship To	DALE JACKSON () - 2449 HWY 7 MAPLETON, KS 66754 () -	
Customer #	319420	Customer PO	Order By:	

popmg01 5TH T 17

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
<p><i>Tachosol Fast Huber D. J. H.</i></p>								

FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA BOURBON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION X	Sales total \$2973.92
	Taxable 2973.92 Non-taxable 0.00 Tax # _____
	Sales tax 217.10

TOTAL \$3191.02

2 - Customer Copy

