



KANSAS CORPORATION COMMISSION 1142617
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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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 #: _____

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

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ 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: _____ Date: _____



1142617

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input 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 Name Top Datum
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CASING RECORD <input 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

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

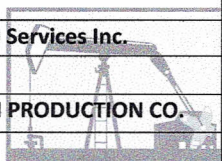
TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

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

Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
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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 type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Lease:	Light	
Owner:	Bobcat Oilfield Services Inc.	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface:	Cemented:	Hole Size:
20' of 6"	5 Sacks	8 3/4
Longstring:	Cemented:	Hole Size:
317'	50 sacks	5 5/8
2 7/8 8rd		



Dale Jackson Production Co.
 Box 266, Mound City, Ks 66056
 Cell # 620-363-2683
 Office # 913-795-2991

Well #: B-5
Location: SW NW NE NW Sec8 Twp20S R23E
County: Linn
FSL:4950
FEL: 3960
API#: 15-107-24706
Started: 4-08-2013
Completed: 4-09-2013

SN: None	Packer: None	TD: 320'
Plugged: None	Bottom Plug: None	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	Top Soil and Loose Rock			
12	13	Lime			
3	16	Shale			
3	19	Black Shale			
4	23	Shale			
16	39	Lime			
3	42	Shale			
2	44	Black Shale			
3	47	Lime			
3	50	Shale			
6	56	Lime			
1	57	Black Shale			
2	59	Shale			
4	63	Lime			
116	179	Shale			
1	180	Black Shale			
26	206	Shale			
1	207	Black Shale			
9	216	Shale			
7	223	Lime			
19	242	Shale(Flow)			
11	253	Lime(Good Oil Show)			SET SURFACE 4-08-2013
2	255	Shale(Limey)			SET TIME 1:30 P.M.
11	266	Sand(Gas w/Slight Oil Show)(Some Shale)			CALLED IN 11:30 A.M. TALKED TO Brook
3	269	Oil Sand(Fair Bleed)			WELL TD 320' FT.
3	272	Oil Sand(Good Bleed)			LONG STRING 317'FT OF 2 7/8" 8RD PIPE
1	273	Lime			SEAT NIPPLE - NONE
1	274	Sandy Shale			SET TIME 1:00 P.M. 4-09-2013
1.5	275.5	Oil Sand(Good Bleed)(some Shale)			CALLED IN 11:45 A.M. TALKED TO Ryan
2	277.5	Oil Sand(Shaley)(Good Bleed)			
1.5	279	Oil Sand(Good Bleed)			
6	285	Oil Sand(Very Shaley)(Fair Bleed)			
2	287	Oil Sand(Some Shale)(Good Bleed)			
3	290	Oil Sand(Very Shaley)(Fair Bleed)			
15	305	Shale			
3	308	Coal			
3	311	Shale			
TD	320	Lime			



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Core Run #1

Lease :	Light
Owner:	Bobcat Oilfield Services, Inc.
OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	261		-----	Sand(Gas w/Slight Oil Show)(Some Shale)	266'
1	262		1/4		
2	263		1/4		
3	264		1/2		
4	265		1/4		
5	266		3/4	Oil Sand(Fair Bleed)	269'
6	267		3/4		
7	268		3/4		
8	269		3/4	Oil Sand(Good Bleed)(Bottom 6" Slightly Limey)	272'
9	270		1		
10	271		1 1/4		
11	272		2	Lime	273'
12	273		1 1/2		
13	274		1/2	Sandy Shale	274'
14	275		1/2	Oil Sand(Good Bleed)	275.5'
15	276		1	Oil Sand(Shaley)(Good Bleed)	277.5'
16	277		1		
17	278		1	Oil Sand(Good Bleed)	279'
18	279		1/2	Oil Sand(Very Shaley)(Fair Bleed)	
19	280		1/2		
20	281		1		



1/2 Mile North of Louisburg
27295 Matcalf Rd.
P.O. Box 729
Louisburg, Kansas 66053
913-837-2955 • 1-800-521-1764

MOSSMAN LUMBER COMPANY

True Value.

CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCE	TERMS	CERK	DATE	TIME
551		22015	PO # 22015 ORD# 7221	NET 10TH	NR	4/12/13	7:55

ROBERT OHL
3000 COLONNATE ROAD
LOUISBURG, KS 66053

503 S. SPRING VALLEY ROAD
EAST 17th NORTH SIDE
913-265-0873

DEL. DATE: 4/ 3/13 TERM#551
SLSPR: RR ROBERT RAND
TAX : 001 LOUISBURG, KS
DOC# 177937

* INVOICE *

ORDER 72221

LUMBER 9138375871

QUANTITY SHIPPED	QUANTITY ORDERED	DM	SKU	DESCRIPTION	UNITS	PRICE PER	EXTENSION
245	1	EA	PORTLAND	94# PORTLAND CEMENT 1/11	245	9.00 /EA	2,205.00
280	1	EA	FLYASH	80# SX FLY ASH	280	5.20 /EA	1,456.00
14	1	EA	PALLET	RETURNABLE PALLET	14	15.00 /EA	210.00 *
14	1	EA	WRAP	SHRINK WRAPPED PALLET	14	5.00 /EA	70.00
1		EA	FUEL	FUEL SURCHARGE	1	48.55 /EA	48.55

*Light
BEST*

** AMOUNT CHARGED TO STORE ACCOUNT **	4,340.63	TAXABLE	3989.55
		NON-TAXABLE	0.00
		SUBTOTAL	3989.55
		TAX AMOUNT	351.08
		TOTAL CHARGE	4340.63

X

RECEIVED BY: