



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1142564

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 Date Reached TD Completion Date or
Recompletion Date 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: _____

1142564

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 ☐ 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)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
Name Top Datum

CASING RECORD ☐ New ☐ 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

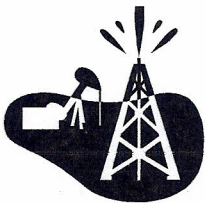
ADDITIONAL CEMENTING / SQUEEZE RECORD

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 (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: <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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Dale Jackson Production Co.
Box 266, Mound City, Ks 66056
Cell # 620-363-2683
Office # 913-795-2991

Lease :	LIGHT
Owner:	BOBCAT OILFIELD SERVICES INC
OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339

Core Run #1

Well #: C-4
Location: SW,NW,NE,NW,S8,T20,R23E
County: LINN
FSL: 4785'
FEL: 3795'
API#: 15-107-24711-00-00
Started:4/03/13
Completed: 4/04/13

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	267	0:00	-----	OIL SAND (WATER)	269'
1	268	0:30	.5		
2	269	1:00	.5	OIL SAND (SLIGHTLY LIMEY) (FAIR BLEED)	271'
3	270	1:30	.5		
4	271	2:30	1	LIME	272'
5	272	3:30	1		
6	273	4:30	1	OIL SAND (FAIR BLEED) (SOME SHALE)	274'
7	274	5:00	.5		
8	275	6:00	1	OIL SAND) (GOOD BLEED) (SOME SHALE)	283'
9	276	7:00	1		
10	277	7:30	.5		
11	278	8:00	.5		
12	279	9:00	1		
13	280	9:30	.5	OIL SAND (SHALEY)) (FAIR BLEED)	283.5
14	281	10:00	.5		
15	282	11:00	1	OIL SAND (GOOD BLEED)	285'
16	283	12:00	1		
17	284	12:30	.5	SHALE	285.5'
18	285	13:30	1		
19	286	14:30	1	OIL SAND (SHALEY) (GOOD BLEED)	286.5'
20	287	15:30	1		
				SANDY SHALE (OIL SAND STREAK)	

P.1



1/2 Mile North of Louisburg
27295 Matcalf Rd.
P.O. Box 729
Louisburg, Kansas 68053
913-837-2955 • 1-800-521-1764

MOSSMAN
LUMBER
COMPANY

PAGE NO 1

True Value.

CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCE	TERMS	CHECK	DATE	TIME
251		22015	PO # 22015 ORDER # 7221	NET 10TH	RR	4/12/13	7:55

ROBERT OIL 39005 COLONATER ROAD LOUISBURG, KS 68053	3031 SPATING VALLEY ROAD EAST 1/4 N. NORTH SIDE 913-205-0873	DEL. DATE: 4/ 3/13 TERMS: 551 BLSPR: RR ROBERT OAND TAX : 001 LOUISBURG, KS	DOC# 177937 ***** * INVOICE * ***** ORDER 72221
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QUANTITY	ORDERED	UNIT	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
C4

X

RECEIVED BY:

** AMOUNT CHARGED TO STORE ACCOUNT **	4,340.63	TAXABLE	3989.55
		NON-TAXABLE	0.00
		SUBTOTAL	3989.55
		TAX AMOUNT	251.08
		TOTAL CHARGE	4240.63

1 UNIT MOSSMAN LUMBER 9138375871