

1-9-15 @ 1:45 Per Rick Aesterman



Correction

KANSAS CORPORATION COMMISSION 1099618  
OIL & GAS CONSERVATION DIVISION

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

Residential Gas Well

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33551

Name: S & K Oil Production, Inc.

Address 1: PO BOX 184

Address 2:

City: BLUE MOUND State: KS Zip: 66010 + 0184

Contact Person: Steve Jackson

Phone: (913) 756-2622

CONTRACTOR: License # 33551 Received  
KANSAS CORPORATION COMMISSION

Name: S & K Oil Production, Inc.

Wellsite Geologist: NA

JAN 14 2015

Purchaser: CONSERVATION DIVISION  
WICHITA, KS

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 #:

7/25/2012	7/26/2012	7/30/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-107-24618-00-00

Spot Description:

E2 NW NW Sec. 14 Twp. 23 S. R. 22  East  West

660 Feet from  North /  South Line of Section

990 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE  NW  SE  SW

County: Linn

Lease Name: Jackson Well #: G 1

Field Name:

Producing Formation: Bartlesville

Elevation: Ground: 1059 Kelly Bushing: 0

Total Depth: 804 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:

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: Deanna Garisor Date: 11/09/2012