



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: _____



1056886

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
---	---

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 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 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: _____ _____
---	--	--

Form	ACO1 - Well Completion
Operator	Jason Oil Company, LLC
Well Name	Younger B 1
Doc ID	1056886

Tops

Name	Top	Datum
Anhydrite Top	1503	+690
Anhydrite Base	1540	+653
Topeka	3197	-1004
Heebner Shale	3434	-1241
Toronto	3454	-1261
LKC	3474	-1281
BKC	3730	-1537
Cherty Marmaton	3774	-1581
Arbuckle	3837	-1644

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 5057

Cell 785-324-1041

Date	Sec. 20	Twp. 14	Range 18	County Ellis	State Kansas	On Location	Finish 6:30 PM
Lease Younger	Well No. B-1		Location Ellipse 25 SE NW				
Contractor Discovery Drilling Rg 3	Owner			To Quality Oilwell Cementing, Inc.			
Type Job Surface	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.						
Hole Size 12 1/4	T.D. 221		Charge To Surface Oil				
Csg. 8 3/8 23 lb	Depth 221		Street				
Tbg. Size	Depth		City				
Tool	Depth		State				
Cement Left in Csg. 10-15	Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.				
Meas Line	Displace 13 RB		Cement Amount Ordered 150 Common 3000 2000				

EQUIPMENT

Pumptrk 5	No.	Cementer Helper	Common 150
Bulktrk 8	No.	Driver	Poz. Mix
Bulktrk	No.	Driver	Gel. 3
		Driver	Calcium 5

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
	Sand
	Handling 158
	Mileage

FLOAT EQUIPMENT

Guide Shoe
Centralizer
Baskets
AFU Inserts
Float Shoe
Latch Down

Pumptrk Charge	Surface
Mileage	16

Signature <i>Don Fisher</i>	Tax
	Discount
	Total Charge

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 5033

Cell 785-324-1041

Date	4-10-11	Sec.	23	Twp.	13	Range	20	County	Ellis	State	KS	On Location		Finish	8:15 AM
Lease	Younger B	Well No.	1		Location		Yucca W R 150 25 3/4 W Unit 0								
Contractor	D. Scovry / #3				Owner		To Quality Oilwell Cementing, Inc.								
Type Job	Production String				You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.										
Hole Size	7 7/8		T.D.		3900		Charge To Jason O. I.								
Csg.	5 1/2		Depth		3900		Street								
Tbg. Size			Depth				City								
Tool	Port Collar #57		Depth		1478		State								
Cement Left in Csg.	42.86		Shoe Joint		42.86		The above was done to satisfaction and supervision of owner agent or contractor.								
Meas Line			Displace		91 3/4 BC		Cement Amount Ordered 200 com 10% Salt 5% L Bentonite								

EQUIPMENT

Pumptrk	1	No.	Cementer	1	500 gal mud clar 48
			Helper	1	Common 200
Bulktrk		No.	Driver	1	Poz. Mix
			Driver	1	Gel.
Bulktrk	10	No.	Driver	1	
			Driver	1	

JOB SERVICES & REMARKS

Remarks:	Calcium
Rat Hole	Hulls
Mouse Hole	Salt 17
Centralizers	Flowseal
Baskets	Kol-Seal 1000
D/V or Port Collar	Mud CLR 48 500 gal
5/2 4" @ 3900 In @ 3857	CFL-117 or CD110 CAF 38
Est Circulation Pump 500 gal mud clar	Sand
Plug Backwater Movable Cement 5/2	Handling
	Mileage

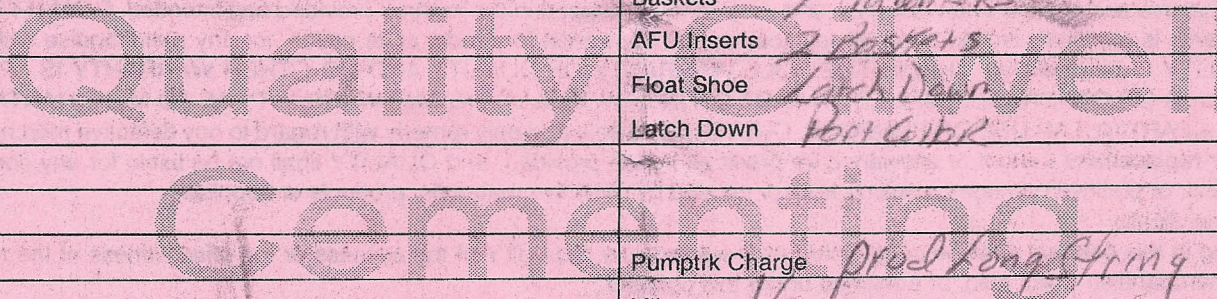
FLOAT EQUIPMENT

Guide Shoe	5/2
Centralizer	AFU Float Shoe
Baskets	7 Turbals 2425
AFU Inserts	2 Baskets
Float Shoe	Latch Down
Latch Down	Port Collar

Pumptrk Charge	prod long string
Mileage	16

	Tax
	Discount
	Total Charge

X Signature *Robert Jackle*



QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 4990

Cell 785-324-1041

Date	4-25-11	Sec.	Twp.	Range	County	State	On Location	Finish	
Lease	Younger	Well No.	"B"		Location			Yocemento Elevator - 40 Hwy, Wto 150 Rd	
Contractor	Super oilwell service				Owner	OS, 3/4w n/s			
Type Job	Port collar				To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.				
Hole Size	T.D.				Charge To	Jason oil			
Csg.	5 7/8"	Depth	3645'		Street				
Tbg. Size	2"	Depth	3626'		City	State			
Tool	Port collar				Depth	1472'			
Cement Left in Csg.	Shoe Joint				The above was done to satisfaction and supervision of owner agent or contractor.				
Meas Line	Displace 4 3/4 BLS				Cement Amount Ordered	275 SX QMDC 4 3/4 BLS			

EQUIPMENT

Pumptrk	1	No.	Cementer	ICC on site	Common	255 QMDC
			Helper			
Bulktrk	3	No.	Driver	255 QMDC	Poz. Mix	
			Driver			
Bulktrk	pm.	No.	Driver		Gel.	
			Driver			

JOB SERVICES & REMARKS

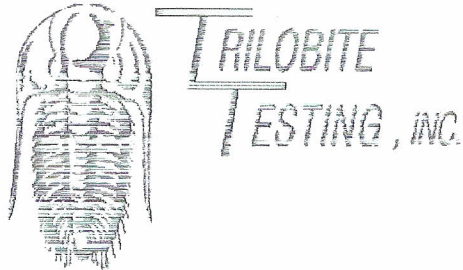
Remarks:	Cement dil Circulate	Calcium
Rat Hole		Hulls
Mouse Hole		Salt
Centralizers		Flowseal 60#
Baskets		Kol-Seal
D/V or Port Collar		Mud CLR 48
		CFL-117 or CD110 CAF 38
		Sand 2
		Handling 275
		Mileage

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	

Pumptrk Charge	Special port collar
Mileage	16

Signature		Tax	
		Discount	
		Total Charge	



DRILL STEM TEST REPORT

Prepared For: **Jason Oil Company**

P.O. Box 701
Russell, KS 67665

ATTN: Herb Deines

23/13S/20W-Ellis

Younger B-1

Start Date: 2011.04.09 @ 14:56:52

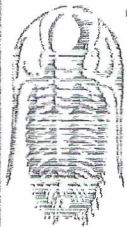
End Date: 2011.04.09 @ 21:25:52

Job Ticket #: 42791 DST #: 1

Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Jason Oil Company

Younger B-1

P.O. Box 701
Russell, KS 67665

23/13S/20W-Ellis

Job Ticket: 42791 DST#: 1

ATTN: Herb Deines

Test Start: 2011.04.09 @ 14:58:52

GENERAL INFORMATION:

Formation: LKC- "I,J,K,L"

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 17:01:22

Test Type: Conventional Straddle

Tester: Dustin Rash

Time Test Ended: 21:25:52

Unit No: 47

Interval: 3616.00 ft (KB) To 3726.00 ft (KB) (TVD)

Reference Elevations: 2193.00 ft (KB)

Total Depth: 3726.00 ft (KB) (TVD)

2185.00 ft (CF)

Hole Diameter: 7.86 inches Hole Condition: Poor

KB to GR/CF: 8.00 ft

Serial #: 8369 Inside

Press@RunDepth: psig @ 3617.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2011.04.09

End Date: 2011.04.09

Last Calib.: 2011.04.09

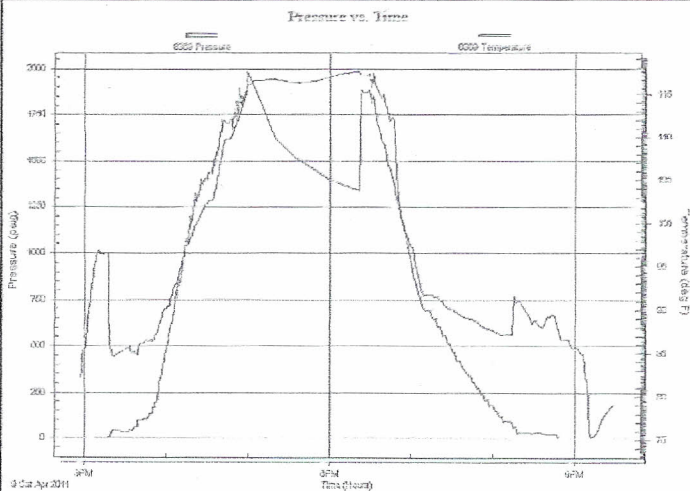
Start Time: 14:57:20

End Time: 21:28:50

Time On Btm:

Time Off Btm:

TEST COMMENT: IF-Strong building blow . BOB in 1 minute.
 IS-No Return.
 FF-Strong building blow . BOB in 1 minute.
 FS-Return @ 10 seconds. BOB in 8 minutes 20 seconds.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
558.00	50% Oil/25% Gas/15% Water/10% Mud	7.54
372.00	50% Mud/15% Water/15% Gas/10% Oil	5.22
217.00	75% Mud/20% Gas/5% Oil	3.04
0.00	527' G.I.P.	0.00

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Jason Oil Company

Younger B-1

P.O. Box 701
Russell, KS 67665

23/13S/20W-Ellis

Job Ticket: 42791

DST#: 1

ATTN: Herb Deines

Test Start: 2011.04.09 @ 14:56:52

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 49.00 sec/qt

Cushion Volume:

bbf

Water Loss: 8.79 in²

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbf
558.00	50% Oil/25% Gas/15% Water/10% Mud	7.545
372.00	50% Mud/15% Water/15% Gas/10% Oil	5.218
217.00	75% Mud/20% Gas/5% Oil	3.044
0.00	527' G.I.P.	0.000

Total Length: 1147.00 ft

Total Volume: 15.807 bbf

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

