



KANSAS CORPORATION COMMISSION 1064618
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: _____



1064618

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 Bbls.	Gas Mcf	Water Bbls.	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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Jason Oil Company, LLC
Well Name	Wirth 7
Doc ID	1064618

Tops

Name	Top	Datum
Anhydrite Top	713	+1149
Anhydrite Base	738	+1124
Topeka	2608	-747
Heebner Shale	2898	-1032
Toronto	2916	-1051
Douglas Shale	2926	-1061
Brown Lime	2989	-1125
LKC	3008	-1125
BKC	3271	-1144
Arbuckle	3314	-1406

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

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

No. 5166

Date	9-20-11	Sec.	8	Twp.	16	Range	11	County	Bartholomew	State	Ks	On Location		Finish	7:30 AM
Lease	W:176		Well No.	#7		Location Barlow, Ks - SE, 2N, 3E, 1/4									
Contractor	Royal Rig #2							Owner							
Type Job	Surface							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	12 1/4		T.D.	432'											
Csg.	8 5/8"		Depth	432'											
Tbg. Size			Depth												
Tool			Depth												
Cement Left in Csg.	15'		Shoe Joint	15'											
Meas Line			Displace	26580		Cement Amount Ordered 190 Common 3% CC 2% Gel									

EQUIPMENT

Pumptrk	1	No.	Cementer	Cisco	Common
			Helper		
Bulktrk		No.	Driver	Mike	Poz. Mix
			Driver		
Bulktrk		No.	Driver	Rick	Gel.
			Driver		

JOB SERVICES & REMARKS

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

FLOAT EQUIPMENT

	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down

	Pumptrk Charge	
	Mileage	
		Tax
		Discount
		Total Charge

X Signature *Donny Bledsoe*

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 5207

Cell 785-324-1041

Date	9/24/11	Sec.	8	Twp.	12	Range	11	County	Barton	State	KS	On Location		Finish	1:00 PM	
Lease	Witch		Well No.	7		Location Beaver, SE, 2N, 1/2 E, N10										
Contractor	Royal Drilling Rig #2							Owner								
Type Job	PTA							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	7 7/8"		T.D.													
Csg.			Depth		Charge To Jason Oil											
Tbg. Size			Depth		Street											
Tool			Depth		City State											
Cement Left in Csg.			Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.											
Meas Line			Displace		Cement Amount Ordered 185 cu (60/40) 4 1/2 gel 4 1/2 fluid											

EQUIPMENT

Pumptrk	9	No.	Cementor	Paul	Common
			Helper		
Bulktrk	14	No.	Driver	Matt	Poz. Mix
			Driver		
Bulktrk	PV	No.	Driver	Doug	Gel.
			Driver		

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole 30sx	Salt
Mouse Hole 15sx	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
3330' - 25sx	Sand
720' - 25sx	Handling
480' - 30sx	Mileage
40' - 10sx	

FLOAT EQUIPMENT

	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down

Thank You!

2 1/2 sk
w/ gel plug

	Pumptrk Charge	
	Mileage	
		Tax
		Discount
		Total Charge

X Signature 