



KANSAS CORPORATION COMMISSION 1066193  
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: \_\_\_\_\_



1066193

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				

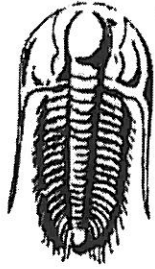
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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 (Specify) _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
---	---	--



**TRILOBITE**  
**TESTING, INC.**

## DRILL STEM TEST REPORT

Prepared For: **Jason Oil Company LLC.**

PO Box 701  
Russell KS 67665

ATTN: Herb Deines

### **Funk #1**

#### **15-16s-15w Barton,KS**

Start Date: 2011.10.18 @ 02:20:00

End Date: 2011.10.18 @ 08:30:30

Job Ticket #: 44331                      DST #: 1

Trilobite Testing, Inc  
PO Box 362 Hays, KS 67601  
ph: 785-625-4778 fax: 785-625-5620

**ORIGINAL**  
Printed: 2011.10.26 @ 16:49:38

Jason Oil Company LLC.  
15-16s-15w Barton,KS  
Funk #1  
DST # 1  
Kansas City "H-J"  
2011.10.18



**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

Jason Oil Company LLC

15-16s-15w Barton,KS

PO Box 701  
Russell KS 67665

**Funk #1**

Job Ticket: 44331

DST#: 1

ATTN: Herb Deines

Test Start: 2011.10.18 @ 02:20:00

## GENERAL INFORMATION:

Formation: **Kansas City "H-I"**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 04:04:30

Time Test Ended: 08:30:30

Test Type: Conventional Bottom Hole (Initial)

Tester: Jace McKinney

Unit No: 28

Interval: 3345.00 ft (KB) To 3385.00 ft (KB) (TVD)

Total Depth: 3385.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Reference Elevations: 1979.00 ft (KB)

1972.00 ft (CF)

KB to GR/CF: 7.00 ft

**Serial #: 8675**

Inside

Press@RunDepth: 83.15 psig @ 3346.00 ft (KB)

Start Date: 2011.10.18

End Date:

2011.10.18

Start Time: 02:20:01

End Time:

08:30:30

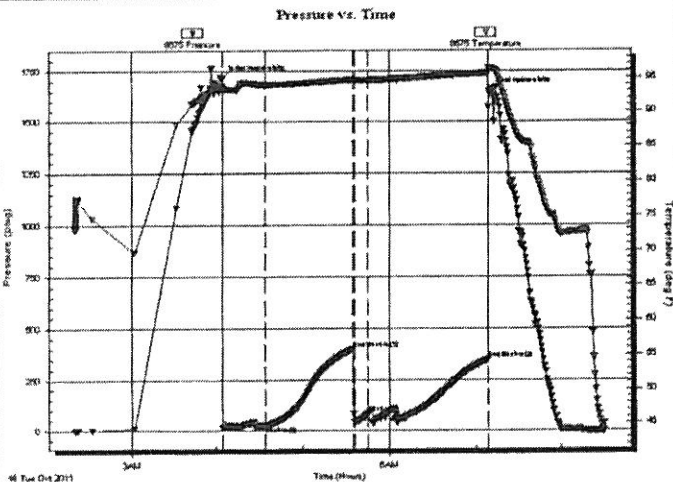
Capacity: 8000.00 psig

Last Calib.: 2011.10.18

Time On Btm: 2011.10.18 @ 04:04:15

Time Off Btm: 2011.10.18 @ 07:09:15

**TEST COMMENT:** Built to 1 1/4" blow  
No return blow  
Very weak surface blow  
No return blow



## PRESSURE SUMMARY

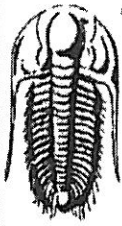
Time (Min)	Pressure (psig)	Temp (deg F)	Annotation
0	1711.33	93.70	Initial Hydro-static
1	14.92	93.00	Open To Flow (1)
30	23.55	93.97	Shut-In(1)
90	397.39	94.65	End Shut-In(1)
92	35.39	94.50	Open To Flow (2)
101	83.15	94.57	Shut-In(2)
185	348.73	95.61	End Shut-In(2)
185	1646.08	96.29	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
15.00	100%Mud with few Oil spots	0.21

## Gas Rates

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



**TRILOBITE  
TESTING, INC**

**DRILL STEM TEST REPORT**

**FLUID SUMMARY**

Jason Oil Company LLC.

**15-16s-15w Barton,KS**

PO Box 701  
Russell KS 67665

**Funk #1**

Job Ticket: 44331

**DST#: 1**

ATTN: Herb Deines

Test Start: 2011.10.18 @ 02:20:00

**Mud and Cushion Information**

Mud Type: Gel Chem	Cushion Type:	OI API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 52.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.79 in <sup>3</sup>	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 4000.00 ppm			
Filter Cake: inches			

**Recovery Information**

Recovery Table

Length ft	Description	Volume bbl
15.00	100%Mud with few Oil spots	0.210

Total Length: 15.00 ft      Total Volume: 0.210 bbl

Num Fluid Samples: 0      Num Gas Bombs: 0      Serial #:

Laboratory Name:      Laboratory Location:

Recovery Comments:

# 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. 5230

Date	10/19/11	Sec.	15	Twp.	16	Range	15	County	Butler	State	KS	On Location		Finish	12:00 PM
Lease	Block	Well No.	1	Location											
Contractor	Cementing							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.		3505'										
Csg.								Charge To							
Tbg. Size								Street							
Tool								City							
Cement Left in Csg.								State							
Meas Line								The above was done to satisfaction and supervision of owner agent or contractor.							
								Cement Amount Ordered							

### EQUIPMENT

Pumptrk	No.	Cementor	Helper	Common	123
Bulktrk	3	Driver	Driver	Poz. Mix	87
Bulktrk	6	Driver	Driver	Gel.	7

### JOB SERVICES & REMARKS

Remarks:	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

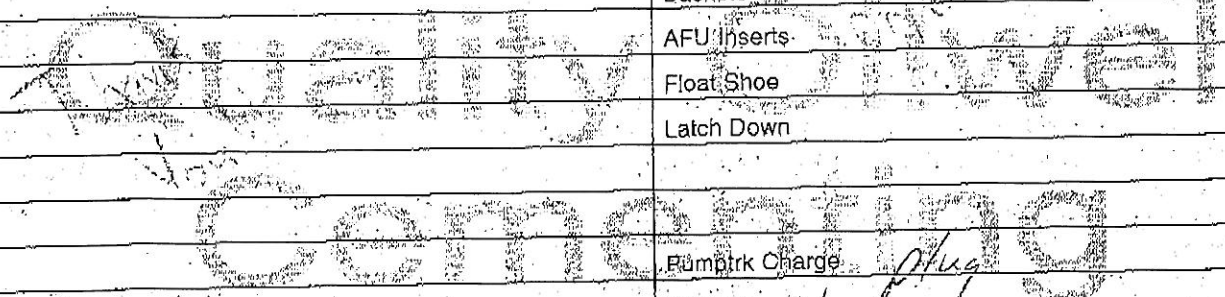
Discount

Total Charge

X Signature

RECEIVED  
NOV 09 2011

KCC WICHITA



# 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. 5224

Date	10/13/11	Sec.	15	Twp.	16	Range	15	County	Butler	State	KS	On Location		Finish	2:45 PM
Lease	Funk	Well No.	1			Location						G-1111, 2 N, 12 W, S 1/4			
Contractor	Southwind			Blk 2			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.	223			Charge To						Jason Oil Co. LLC	
Csg.	7 5/8"			Depth	223			Street							
Tbg. Size				Depth				City						State	
Tool				Depth				City						State	
Cement Left in Csg.	15			Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.										
Meas Line				Displace	134 csk.			Cement Amount Ordered						150 or Com 5000 2000	

### EQUIPMENT

Pumptrk	No.	Cementer	1	Common	150
		Helper	1		
Bulktrk	No.	Driver	1	Poz. Mix	
		Driver	1		
Bulktrk	No.	Driver	1	Gel.	3
		Driver	1		

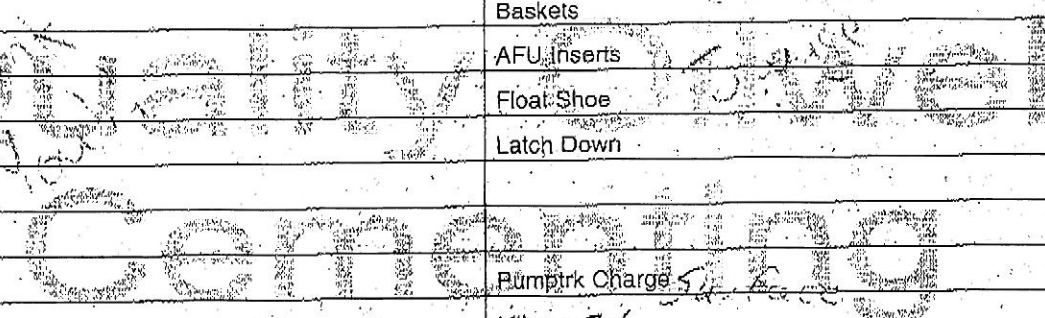
### JOB SERVICES & REMARKS

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
	<b>FLOAT EQUIPMENT</b>
	Guide Shoe
	Centralizer 1/4
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down
	Pumptrk Charge 5
	Mileage 21
	Tax
	Discount
	Total Charge

RECEIVED

NOV 09 2011

KCC WICHITA



X Signature \_\_\_\_\_