



KANSAS CORPORATION COMMISSION 1087139
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: _____



1087139

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	Lasso Energy LLC
Well Name	ASMUSSEN 16-1
Doc ID	1087139

Tops

Name	Top	Datum
Kansas City	2123	-903
Base Kansas City	2341	-1140
Cleveland	2388	-1168
Marmaton	2424	-1204
Cherokee	2527	-1307
Ardmore	2590	-1370
Kinderhook	2661	-1441
Arbuckle	2696	-1476
RTD	3100	-1880



FIELD ORDER N° C 39784

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 01/27/12 20

IS AUTHORIZED BY: Lasso Energy (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Assmussen Well No. 16-1 SW0 Customer Order No. _____

Sec. Twp. Range _____ County Cowley State Ks

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	45	milease pump truck	4. ⁰⁰ / ₁₀₀	180. ⁰⁰ / ₁₀₀
	45	milease pickup	2. ⁰⁰ / ₁₀₀	90. ⁰⁰ / ₁₀₀
	1	Pump Charge		950. ⁰⁰ / ₁₀₀
	150	65/55 pac. 20% sel.	9. ²⁵ / ₁₀₀	1,387. ⁵⁰ / ₁₀₀
	6	4% add. sel.	22. ⁰⁰ / ₁₀₀	132. ⁰⁰ / ₁₀₀
	100 ⁰⁰	C-37	3. ⁷⁵ / ₁₀₀	375. ⁰⁰ / ₁₀₀
	1	4 1/2" Float Shoe		225. ⁰⁰ / ₁₀₀
	1	4 1/2" wiper plug		65. ⁰⁰ / ₁₀₀
	158	Bulk Charge	1. ²⁵ / ₁₀₀	197. ⁵⁰ / ₁₀₀
		Bulk Truck Miles $6.95 \text{ TX } 45 \text{ m} = 312.75 \text{ TX } 1.10/100$	1. ¹⁰ / ₁₀₀	344. ⁰³ / ₁₀₀
		Process License Fee on _____ Gallons		
		TOTAL BILLING		4,006.⁰³/₁₀₀

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Nathan W.

Station G.B.

Curtis Kelso.
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



FIELD ORDER N° C 39795

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 7/10 20 12

IS AUTHORIZED BY: LASCO
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease ASMASSON Well No. # 16-1 Customer Order No. _____

Sec. Twp. Range _____ County Butler State Ks

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator _____ By _____ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	60 miles	mileage charge - #318	4.00	240.00
	60 miles	mileage charge - #328	4.00	240.00
	60 miles	pickup mileage charge	2.00	120.00
		Acid Pump Charge		550.00
	3000 gals	28% FE	3.29	9870.00
	12 gals	Corrosion Inhibitor	35.00	420.00
		Bulk Charge		
		Bulk Truck Miles		
		Process License Fee on _____ Gallons		
		TOTAL BILLING		11,440.00

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative [Signature]

Station GB

[Signature]
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No.

Date 07/11/2012 District CB F. O. No. 39795
 Company Pass Energy Inc
 Well Name & No. Asmusen #16-1 SAND
 Location Butler Field KS
 County Butler State KS

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Bkdown Bbl./Gal.
 Bbl./Gal.
 Bbl./Gal.
 Bbl./Gal.
 Flush Bbl./Gal.

Casing: Size 4 Type & Wt. Set at ft.
 Formation: Perf. to
 Formation: Perf. to
 Formation: Perf. to
 Liner: Size Type & Wt. Top at ft. Bottom at ft.
 Cemented: Yes/No Perforated from ft. to ft.
 Tubing: Size & Wt. 5 7/8 Swung at ft.
 Perforated from ft. to ft.
 Open Hole Size T.D. ft. P.D. to ft.

Treated from ft. to ft. No. ft.
 from ft. to ft. No. ft.
 from ft. to ft. No. ft.
 Actual Volume of Oil/Water to Load Hole: Bbl./Gal.
 Pump Trucks: No. Used: 328 Sp. Twin
 Auxiliary Equipment 318
 Packer: Set at ft.
 Auxiliary Tools
 Logging or Sealing Materials: Type
 Clogs lb.

Company Representative Curtis Kelso Treater Michael A Romo

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
1:00				Arrive And Hook Up
1:20	200		4.0	Pump 18 BBL 20% FE Acid the Shut in Back side
1:23	200		6.0	Pump 18 BBL 28% FE And 65 BBL Water flush
1:36	200		18.0	
1:34	300		26.5	3.0 BBL/min
1:37	300		36.0	6.5 BBL Water flush
1:56	300		101.0	3.75 BBL/min ISTD Full 8 Joints, Proc Retreat
2:12	300			36 BBL 28% FE Acid
				3.0 BBL/min
2:17	500		16.0	3.75
2:22	350		36.0	3.25 BBL/min
	400			3.50
2:36	450		80.0	3.50
2:42	450		101.0	3.50 ISTD
				Rock up On Home
				Job Complete
				<i>[Signature]</i>

Lasso Energy LLC

Additional Information for ACO-1 Well Completion Report

15-015-23749-00-01

Asmussen #1 SWD

1. Cement was circulated to surface and witnessed by the KCC.
2. Drilling Fluid Management Plan – 230 BBLs of water were hauled off by Maclaskey Oilfield Services. 100 BBLs of water were sent to the Rush Disposal as shown on the face of the ACO-1. The remaining 130 BBLs were taken by Maclaskey to their North Yard to let the BS&W settle.
3. No logs were necessary for this ACO-1 as logs were done by former operator Leon Smitherman, Jr. (ACO-1 from 2008).