

Kansas Corporation Commission Oil & Gas Conservation Division

1095313

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
☐ New Well ☐ Re-Entry ☐ Workover	Total Depth: Plug Back Total Depth:
☐ Oil ☐ WSW ☐ SIOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW ☐ OG ☐ GSW ☐ Temp. Abd. ☐ CM (Coal Bed Methane) ☐ Cathodic ☐ Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	·
Operator: Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Conv. to ENHR	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec TwpS. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date Recompletion Date	

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:			

Side Two



Operator Name: _ Lease Name: _ _ Well #: _ 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 Wireline Logs surveyed. Attach final geological well site report. **Drill Stem Tests Taken** Yes No Log Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum Samples Sent to Geological Survey ☐ Yes □ No Cores Taken Yes No Electric Log Run Electric Log Submitted Electronically Yes No (If no, Submit Copy) List All E. Logs Run: CASING RECORD Used New Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight # Sacks Type and Percent Type of Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Additives Depth Cement Used ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) Depth TUBING RECORD: Size: Set At: Packer At: Liner Run: No Yes Producing Method: Date of First, Resumed Production, SWD or ENHR. Pumping Gas Lift Other (Explain) Flowing **Estimated Production** Bbls. Water Bbls. Gas-Oil Ratio Oil Gas Mcf Gravity Per 24 Hours **DISPOSITION OF GAS:** METHOD OF COMPLETION: PRODUCTION INTERVAL: Open Hole Dually Comp. Perf. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4)

Other (Specify)

(If vented, Submit ACO-18.)

Form	ACO1 - Well Completion
Operator	Jason Oil Company, LLC
Well Name	WILLSON 2
Doc ID	1095313

Tops

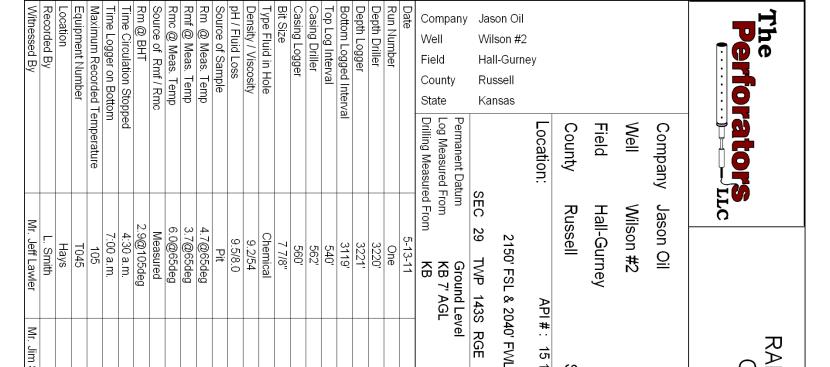
Name	Тор	Datum
ANHYDRITE	598	+1073
DOVER LIME	2171	-501
TARKIO LIME	2220	-550
ТОРЕКА	2460	-790
HEEBNER SHALE	2734	-1064
TORONTO	2753	-1083
DOUGLAS SHALE	2765	-1095
LKC	2831	-1161
ВКС	3080	-1410
ARBUCKLE	3150	-1480

QUALITY OILWELL CEIVIENTING, 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. 5006

001110000	Annual Control		72. 1		_		
Date 5/5/11 39	Twp.	Range	0	County	State	On Location	9:30 F
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<<< Fold Here >>>

Jim Schoenberger

All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

Comments

Bunker Hill S to stop sign, E1, N1, NE @ tank battery.

Thank you for using The Perforators LLC Havs. KS 785-621-4604



Main Pass

API #: 15 167 23717

Other Services

12W Elevation

1663

Elevation

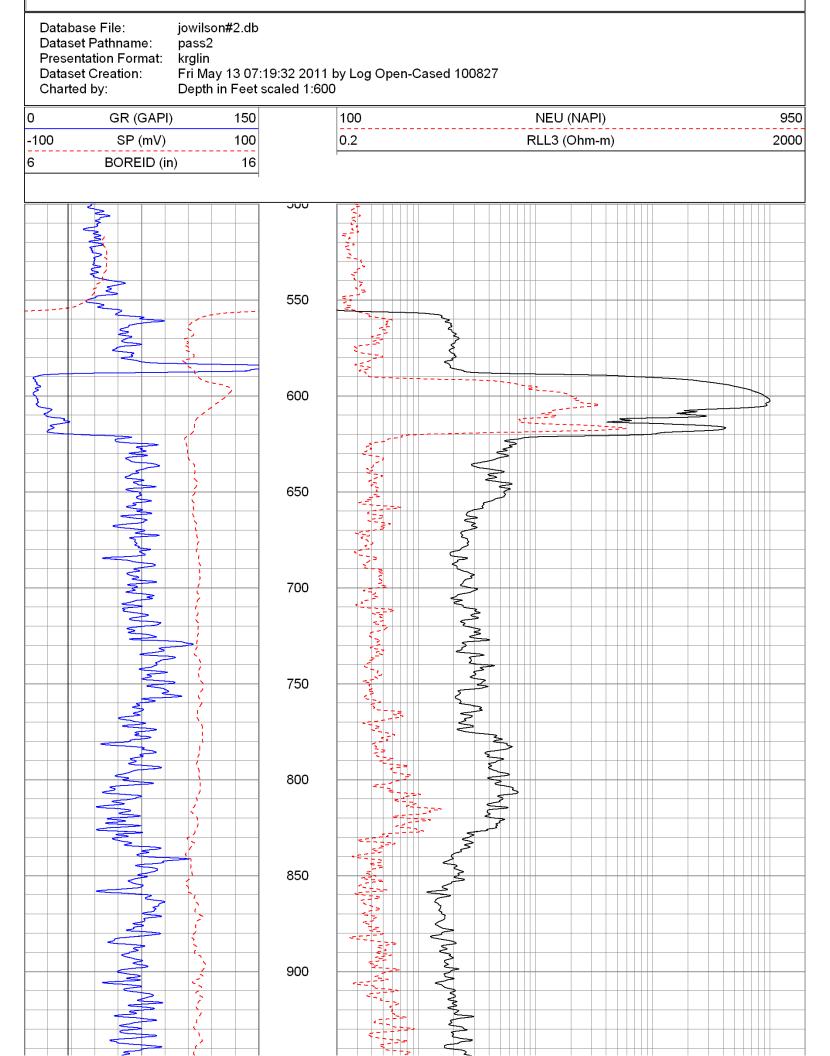
0 D X

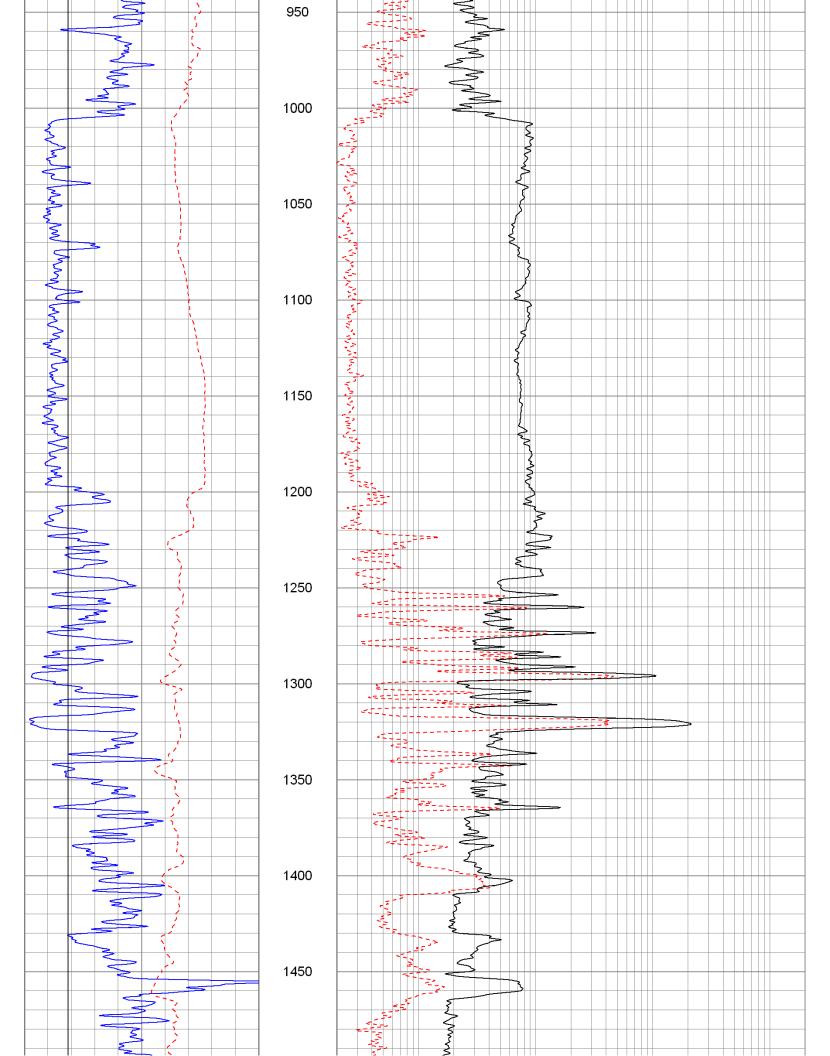
1670' 1669' 1663'

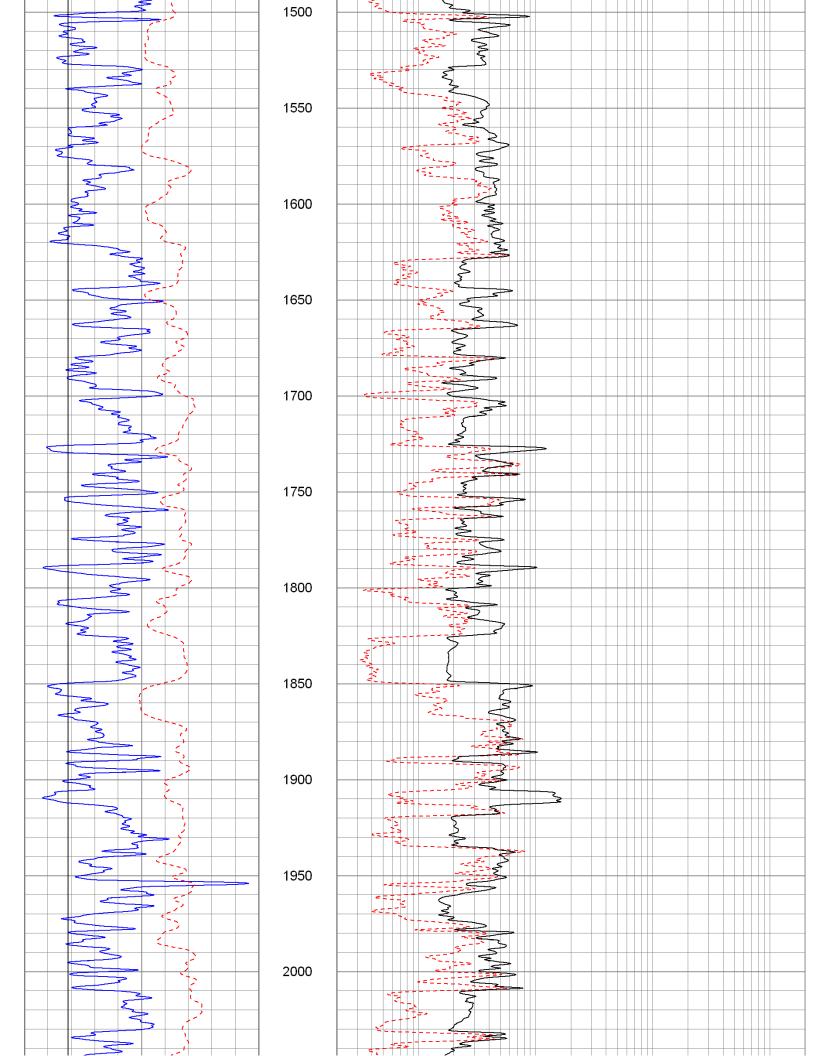
State

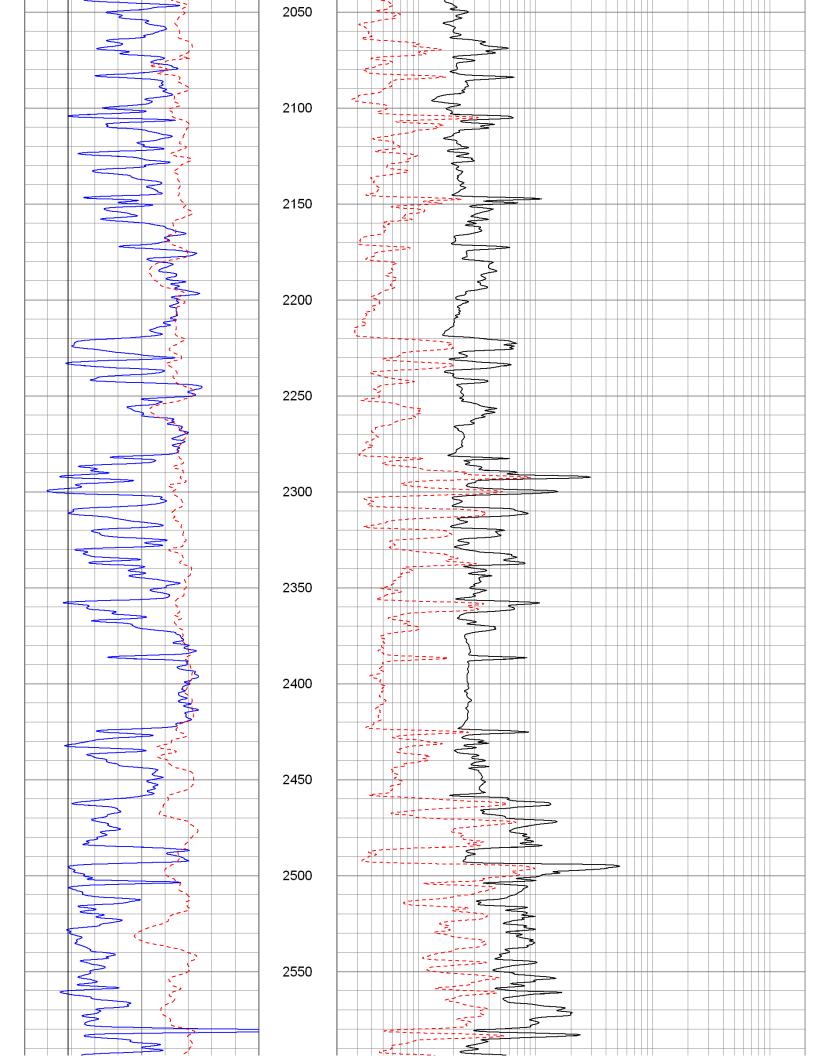
Kansas

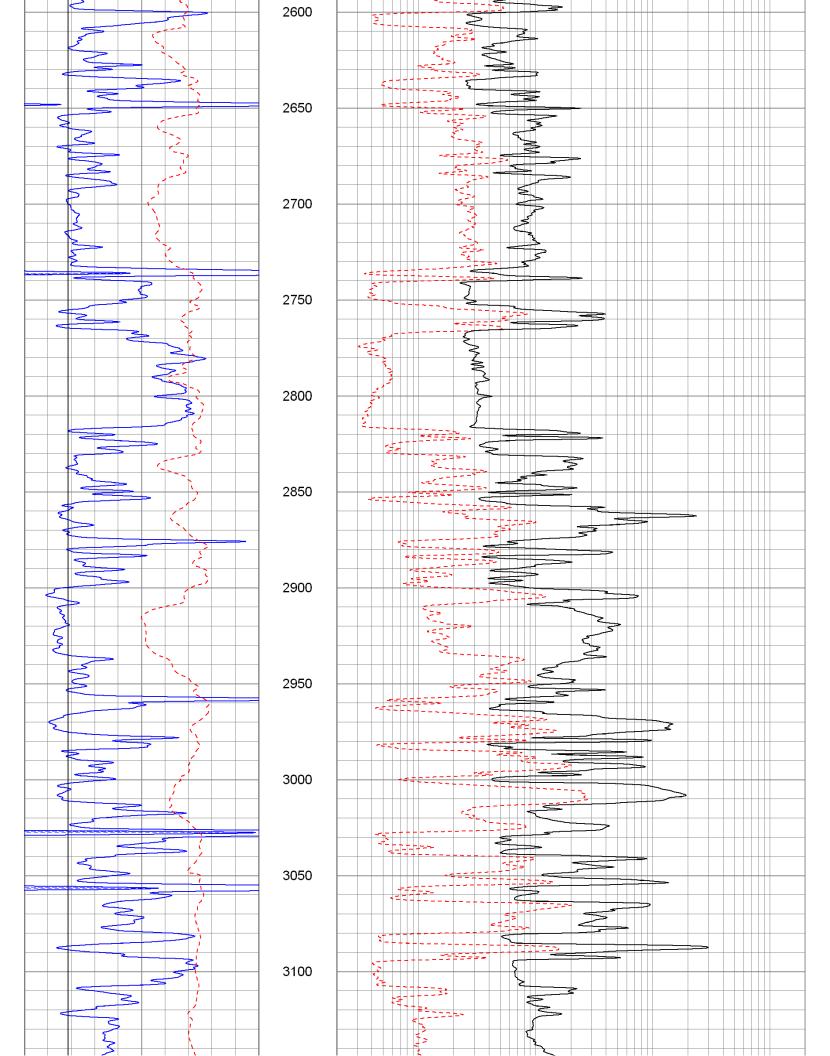
RADIATION GUARD LOG

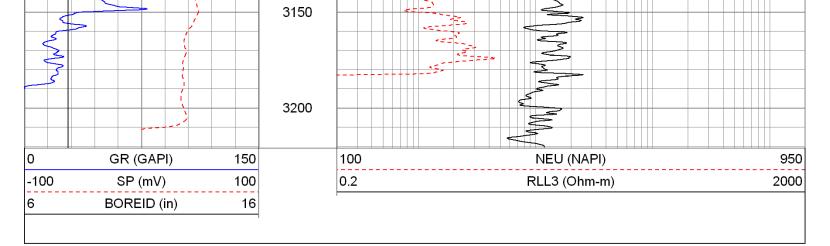












The **Perforators**

Main Pass

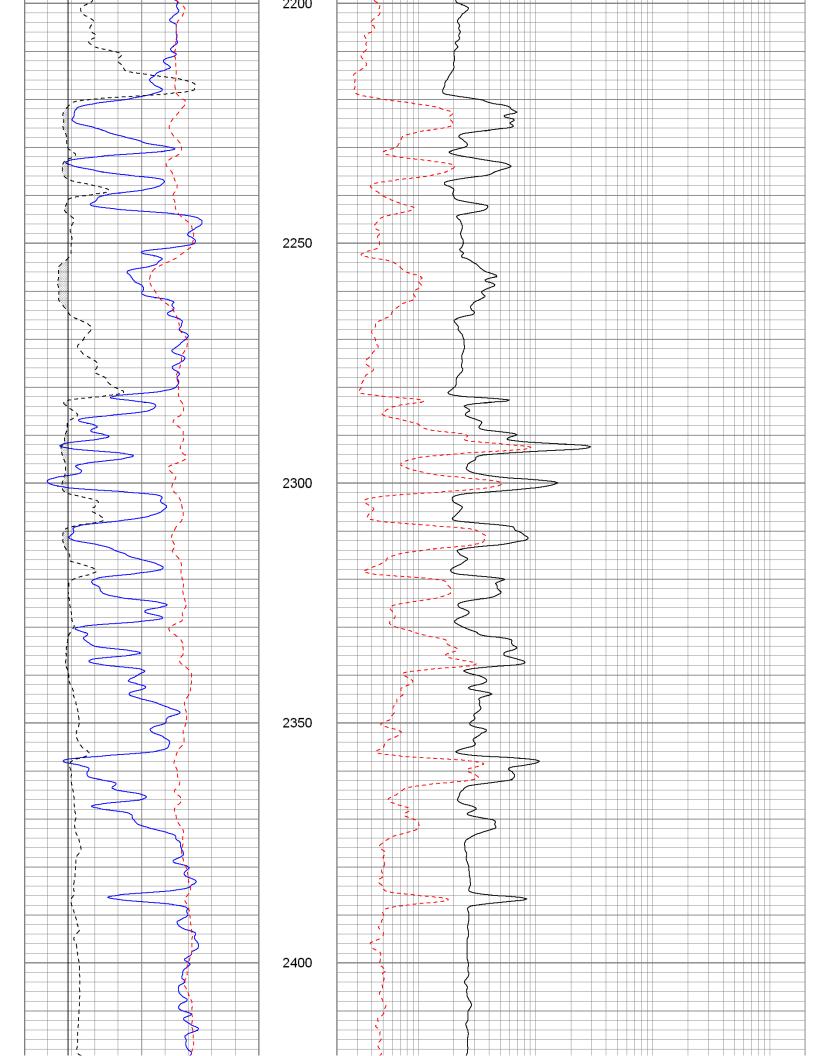
Database File: jowilson#2.db

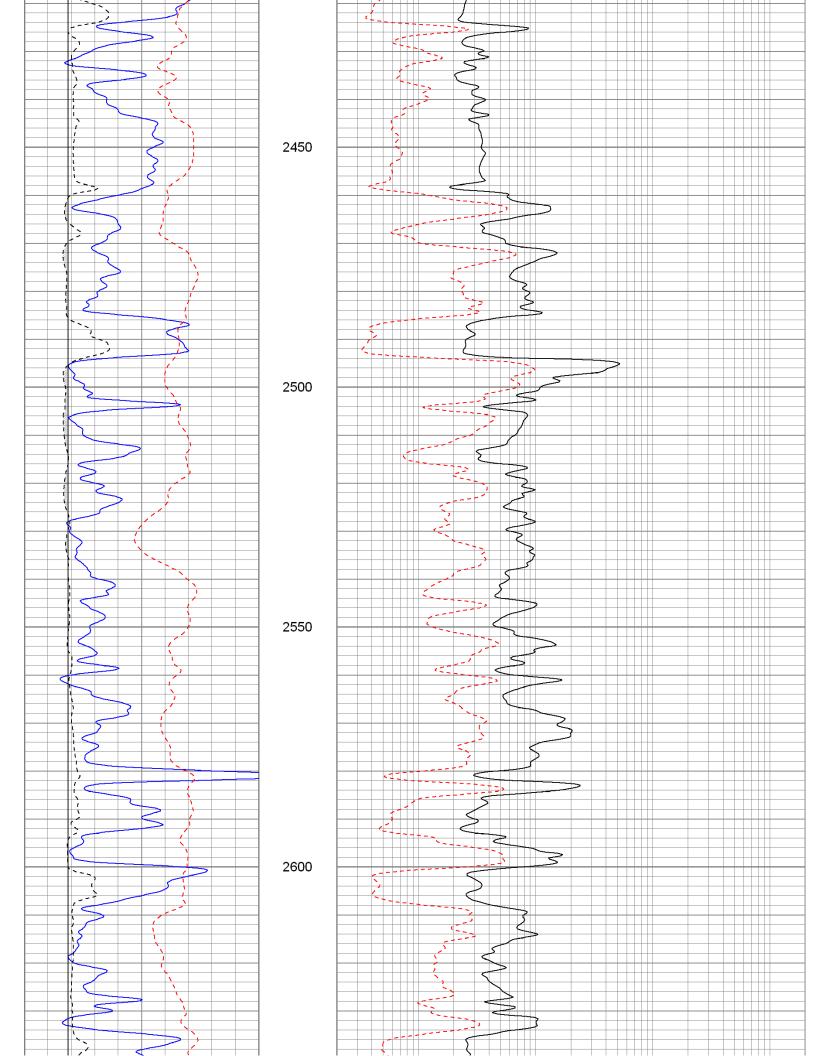
Dataset Pathname: pass2 Presentation Format: krg

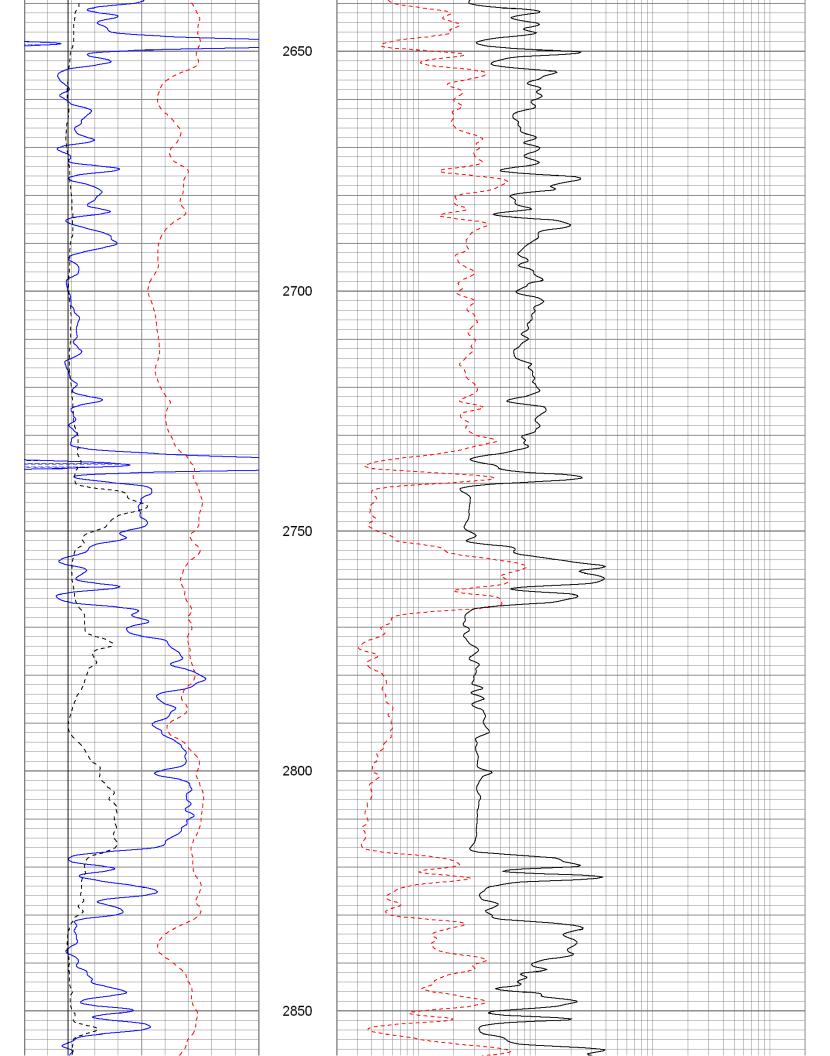
Dataset Creation: Fri May 13 07:19:32 2011 by Log Open-Cased 100827

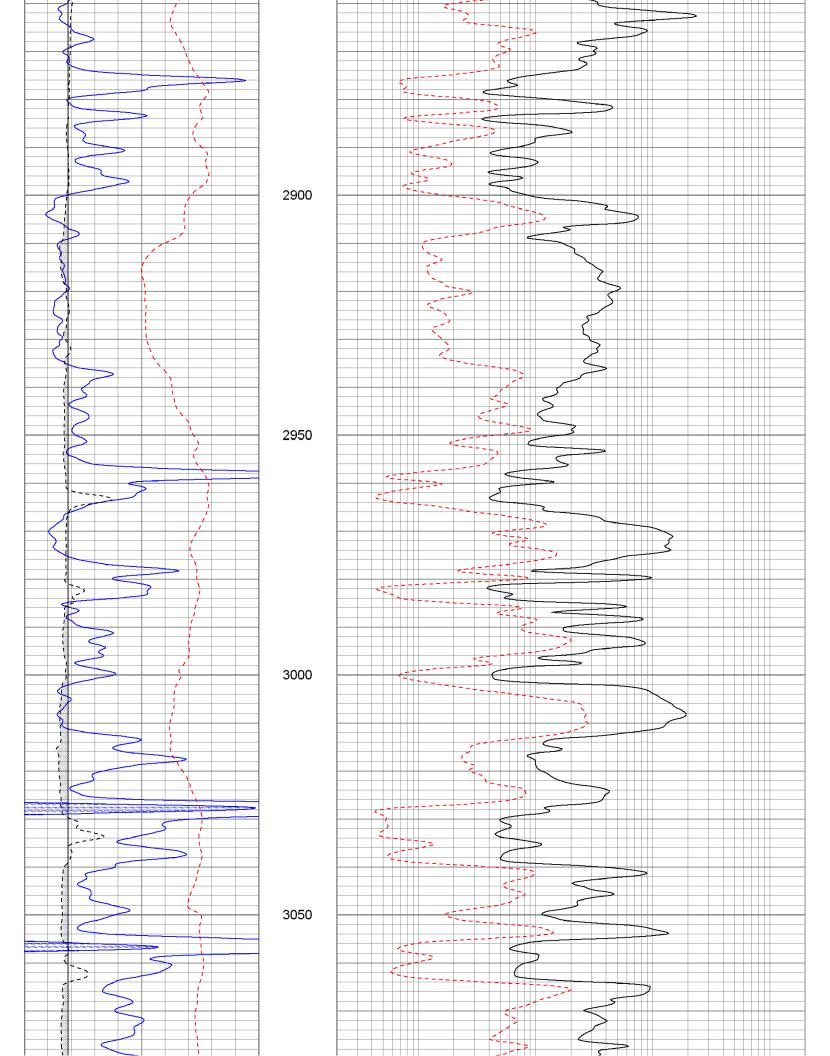
Charted by: Depth in Feet scaled 1:240

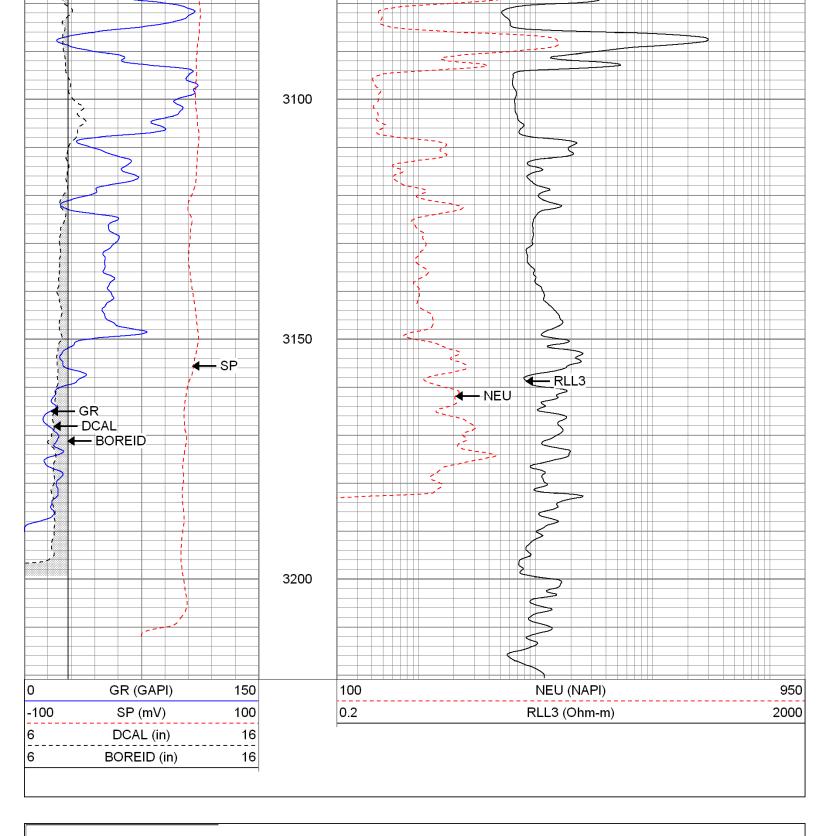
0	GR (GAPI)	150	100	NEU (NAPI)	950
-100	SP (mV)	100	0.2	RLL3 (Ohm-m)	2000
6	DCAL (in)	16			
6	BOREID (in)	16			
		-			
			2150		













Repeat Pass

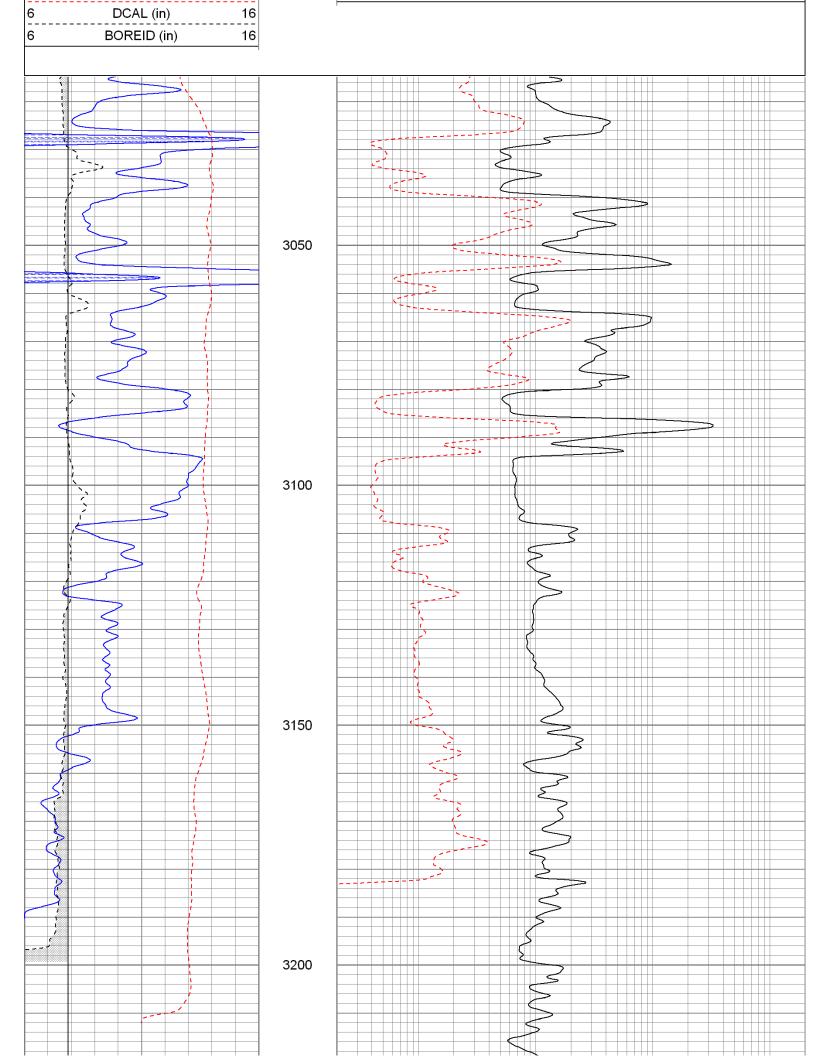
Database File: jowilson#2.db

Dataset Pathname: pass1
Presentation Format: krg

Dataset Creation: Fri May 13 07:07:38 2011 by Log Open-Cased 100827

Charted by: Depth in Feet scaled 1:240

0	GR (GAPI)	150	100	NEU (NAPI)	950
-100	SP (mV)	100	0.2	RLL3 (Ohm-m)	2000



0	GR (GAPI)	150	100	NEU (NAPI)	950
-100	SP (mV)	100	0.2	RLL3 (Ohm-m)	2000
6	DCAL (in)	16			
6	BOREID (in)	16			

		'						
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			Dual Induction	n Calibrati	on Report			
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Surface Calibra	ation	Readings			References		Resu	ults
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Internal:	Zero	Cal		Zero	Cal		m	b
Deep Medium	0.000 0.001	0.638 0.741	V V	0.000 0.000	400.000 464.000	mmho/m mmho/m	627.013 627.190	-0.291 -0.915
Downhole Calil	bration	Readings			References		Resu	ults
	Zero	Cal		Zero	Cal		m'	b'
Deep Medium LL3	0.096 -0.069	400.608 464.142 7.358 0.001 -7.218	mmho/m mmho/m V V V	0.566 0.092	400.467 463.916 750.000 12.000 3745.000	mmho/m mmho/m Ohm-m Ohm-m mmho-m	0.998 0.999	0.471 0.161
			Compensated De	ensity Calib	ration Report			
	Source	Model: e / Verifier: r Calibration F	Performed:	,	2501DHT-DH1 Thu Apr 21 07			
Master Calibrat	tion							
		Density		F	ar Detector	Near Detecto	r	
Magnesiun Aluminum	n	1.750 2.670	g/cc g/cc	-	733.13 138.45	288.65 188.57	cps cps	
		Spine Angle	= 75.67	I	Density/Spine	Ratio = 0.535		

Gamma Ray Calibration Report

Size

7.70 14.00

in

in

Small Ring Large Ring Reading

6064.22

10296.80

Serial Number: Tool Model: Performed:	2000 P2000 Mon Apr 11 0	04:05:46 2011
Calibrator Value:	1.0	GAPI
Background Reading: Calibrator Reading:	0.0 1.0	cps cps
Sensitivity:	0.2200	GAPI/cps
	Neutron Calil	bration Report
Serial Number: Tool Model: Performed:	5108 PROBE Mon Mar 28	13:28:28 2011
Calibrator Value:	1	NAPI
Calibrator Reading:	1	cps

