



KANSAS CORPORATION COMMISSION 1137523
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: _____



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: _____ _____
---	--	--

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 6019

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
10 3 72	3	16	16	RUSH	KANSAS		4:45 pm

Location GALATTA 7 1/2 TO CHEVEE 3 M E/INTO

Lease	McRACKEN	Well No.	#2-3	Owner	JASON OIL
Contractor	Royce #2	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.			
Type Job	SURFACE	Charge To	JASON OIL		
Hole Size	12 1/4	T.D.	1053'		
Csg.	8 5/8"	Depth	1053'	Street	740 W WICHITA
Tbg. Size		Depth		City	RUSSELL, K
Tool		Depth		State	KANSAS, 67665
Cement Left in Csg.		Shoe Joint	42'	The above was done to satisfaction and supervision of owner agent or contractor.	
Meas Line		Displace	604 BBLS	Cement Amount Ordered	1000000 - 3cc - 2% GEL

EQUIPMENT			Common
Pumptrk #15	No.	Cementer Helper	400
Bulktrk #4	No.	Driver	Poz. Mix
Bulktrk PU	No.	Driver	Gel. 8
	No.	Driver	Calcium 14

JOB SERVICES & REMARKS	
Remarks:	SURGE ON LOCATION
Rat Hole	
Mouse Hole	
Centralizers	
Baskets	
D/V or Port Collar	
	Handling 422

CEMENT DID CIRCULATE!

FLOAT EQUIPMENT	
	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down
	1 - 8 5/8 RUBBER PLUG

Pumptrk Charge	Long Surface
Mileage	28

TAX	
DISCOUNT	
TOTAL CHARGE	

THANK YOU!
 X Signature *Doug Roney*

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. 5238

Date	10-5-12	Sec.	3	Twp.	16	Range	16	County	Rush	State	KS	On Location	Finish	1:45 pm
Lease	McCracken			Well No.	2-3			Location						

Contractor	Owner
Type Job	To Quality Oilwell Cementing, Inc.
Hole Size	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
Csg.	Depth 3594
Tbg. Size	Depth
Tool	Depth 34.22
Cement Left in Csg.	Shoe Joint
Meas Line	Displace
EQUIPMENT	

Pumptrk	No.	Cementer	Common
		Helper	200
Bulktrk	No.	Driver	Poz. Mix
		Driver	
Bulktrk	No.	Driver	Gel.
		Driver	

JOB SERVICES & REMARKS	
Remarks:	Calcium
Rat Hole	Hulls
Mouse Hole	Salt 17
Centralizers #1 #2 #3 #5 #7 #4	Flowseal
Baskets	Kol-Seal 1000#
D/V or Port Collar	Mud CLR 48
	CFL-117 or CD110 CAF 38
	Sand
	Handling 227
	Mileage

FLOAT EQUIPMENT	
Abolished CR 10 min depth	Guide Shoe
Bull opened tool 800 plug	Centralizer 7.5m
Rat and mouse	Baskets
hit 155 down hole	AFU Inserts
Run plug in dis place 84.3/4 BBL	Float Shoe
Lowered plug at 1500	Latch Down 5m
hit pressure 800	Trap X shoe
	Pumptrk Charge prod Long string
	Mileage 21

Signature		Tax	
		Discount	
		Total Charge	



DRILL STEM TEST REPORT

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

PO Box 701
Russell KS 67665-0701

ATTN: Jeff Lawler

McCracken #2-3

3-16s-16w Rush,KS

Start Date: 2012.10.07 @ 01:03:05

End Date: 2012.10.07 @ 05:44:59

Job Ticket #: 49325 DST #: 1

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

Printed: 2012.10.09 @ 10:20:07



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Jason Oil Co. LLC
 PO Box 701
 Russell KS 67665-0701
 ATTN: Jeff Lawler

3-16s-16w Rush, KS
McCracken #2-3
 Job Ticket: 49325 **DST#: 1**
 Test Start: 2012.10.07 @ 01:03:05

GENERAL INFORMATION:

Formation: **LKC**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 02:17:30
 Time Test Ended: 05:44:59
Interval: 3355.00 ft (KB) To 3440.00 ft (KB) (TVD)
 Total Depth: 3440.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Andy Carreira
 Unit No: 39
 Reference Elevations: 1961.00 ft (KB)
 1956.00 ft (CF)
 KB to GR/CF: 5.00 ft

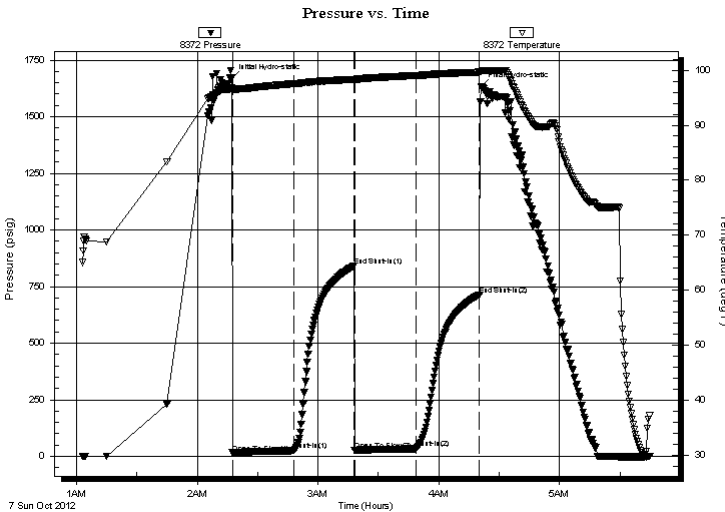
Serial #: 8372

Outside

Press @ Run Depth: 33.54 psig @ 3362.00 ft (KB)
 Start Date: 2012.10.07 End Date: 2012.10.07
 Start Time: 01:03:05 End Time: 05:44:59
 Capacity: 8000.00 psig
 Last Calib.: 2012.10.07
 Time On Btm: 2012.10.07 @ 02:17:00
 Time Off Btm: 2012.10.07 @ 04:21:00

TEST COMMENT: IF:(30min) Blow died in 27 min.
 IS:(30min) No Return
 FF:(30min) Surface blow, died in 12 min.
 FS:(30min) No Return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1668.20	96.84	Initial Hydro-static
1	15.69	96.15	Open To Flow (1)
32	25.52	97.54	Shut-In(1)
61	841.32	98.35	End Shut-In(1)
62	26.86	97.92	Open To Flow (2)
92	33.54	99.05	Shut-In(2)
124	714.17	99.65	End Shut-In(2)
124	1634.33	99.79	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
35.00	Mud	0.49

Gas Rates

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



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Jason Oil Co. LLC
 PO Box 701
 Russell KS 67665-0701
 ATTN: Jeff Lawler

3-16s-16w Rush, KS
McCracken #2-3
 Job Ticket: 49325 **DST#: 1**
 Test Start: 2012.10.07 @ 01:03:05

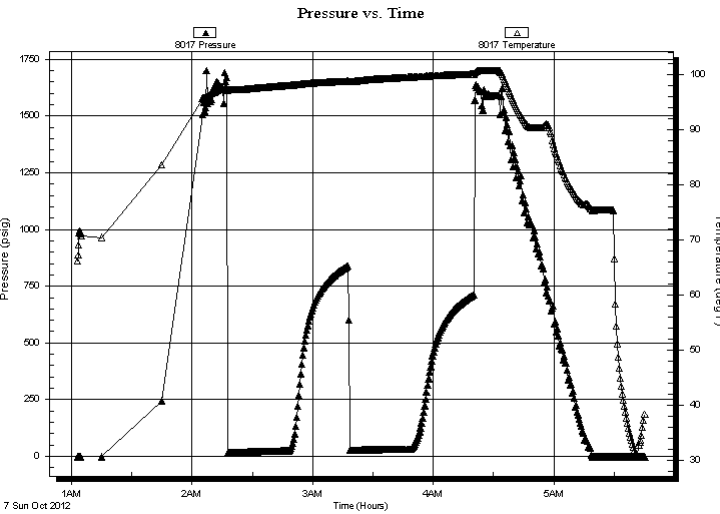
GENERAL INFORMATION:

Formation: **LKC**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole (Initial)
 Time Tool Opened: 02:17:30 Tester: Andy Carreira
 Time Test Ended: 05:44:59 Unit No: 39
Interval: 3355.00 ft (KB) To 3440.00 ft (KB) (TVD) Reference Elevations: 1961.00 ft (KB)
 Total Depth: 3440.00 ft (KB) (TVD) 1956.00 ft (CF)
 Hole Diameter: 7.88 inches Hole Condition: Fair KB to GR/CF: 5.00 ft

Serial #: 8017 Inside

Press@RunDepth: psig @ 3362.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2012.10.07 End Date: 2012.10.07 Last Calib.: 2012.10.07
 Start Time: 01:03:05 End Time: 05:45:10 Time On Btm:
 Time Off Btm:

TEST COMMENT: IF:(30min) Blow died in 27 min.
 ISl:(30min) No Return
 FF:(30min) Surface blow , died in 12 min.
 FSl:(30min) No Return



PRESSURE SUMMARY

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

Recovery

Length (ft)	Description	Volume (bbl)
35.00	Mud	0.49

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Jason Oil Co. LLC
 PO Box 701
 Russell KS 67665-0701
 ATTN: Jeff Lawler

3-16s-16w Rush,KS
McCracken #2-3
 Job Ticket: 49325 **DST#: 1**
 Test Start: 2012.10.07 @ 01:03:05

Tool Information

Drill Pipe:	Length: 3350.00 ft	Diameter: 3.80 inches	Volume: 46.99 bbl	Tool Weight:	2500.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 2.70 inches	Volume: 0.00 bbl	Weight set on Packer:	24000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 2.25 inches	Volume: 0.00 bbl	Weight to Pull Loose:	36000.00 lb
			<u>Total Volume: 46.99 bbl</u>	Tool Chased	0.00 ft
Drill Pipe Above KB:	15.00 ft			String Weight: Initial	30000.00 lb
Depth to Top Packer:	3355.00 ft			Final	30000.00 lb
Depth to Bottom Packer:	ft				
Interval between Packers:	85.00 ft				
Tool Length:	105.00 ft				
Number of Packers:	2	Diameter: 6.75 inches			

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
-------------------------	--------------------	-------------------	-----------------	-------------------	-----------------------

Change Over Sub	1.00			3336.00	
Shut In Tool	5.00			3341.00	
Hydraulic tool	5.00			3346.00	
Packer	5.00			3351.00	20.00 Bottom Of Top Packer
Packer	4.00			3355.00	
Stubb	1.00			3356.00	
Perforations	5.00			3361.00	
Change Over Sub	1.00			3362.00	
Recorder	0.00	8017	Inside	3362.00	
Recorder	0.00	8372	Outside	3362.00	
Drill Pipe	62.00			3424.00	
Change Over Sub	1.00			3425.00	
Perforations	12.00			3437.00	
Bullnose	3.00			3440.00	85.00 Bottom Packers & Anchor

Total Tool Length: 105.00



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Jason Oil Co. LLC
PO Box 701
Russell KS 67665-0701
ATTN: Jeff Lawler

3-16s-16w Rush,KS
McCracken #2-3
Job Ticket: 49325 **DST#: 1**
Test Start: 2012.10.07 @ 01:03:05

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: 50.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.18 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 1000.00 ppm			
Filter Cake: inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
35.00	Mud	0.491

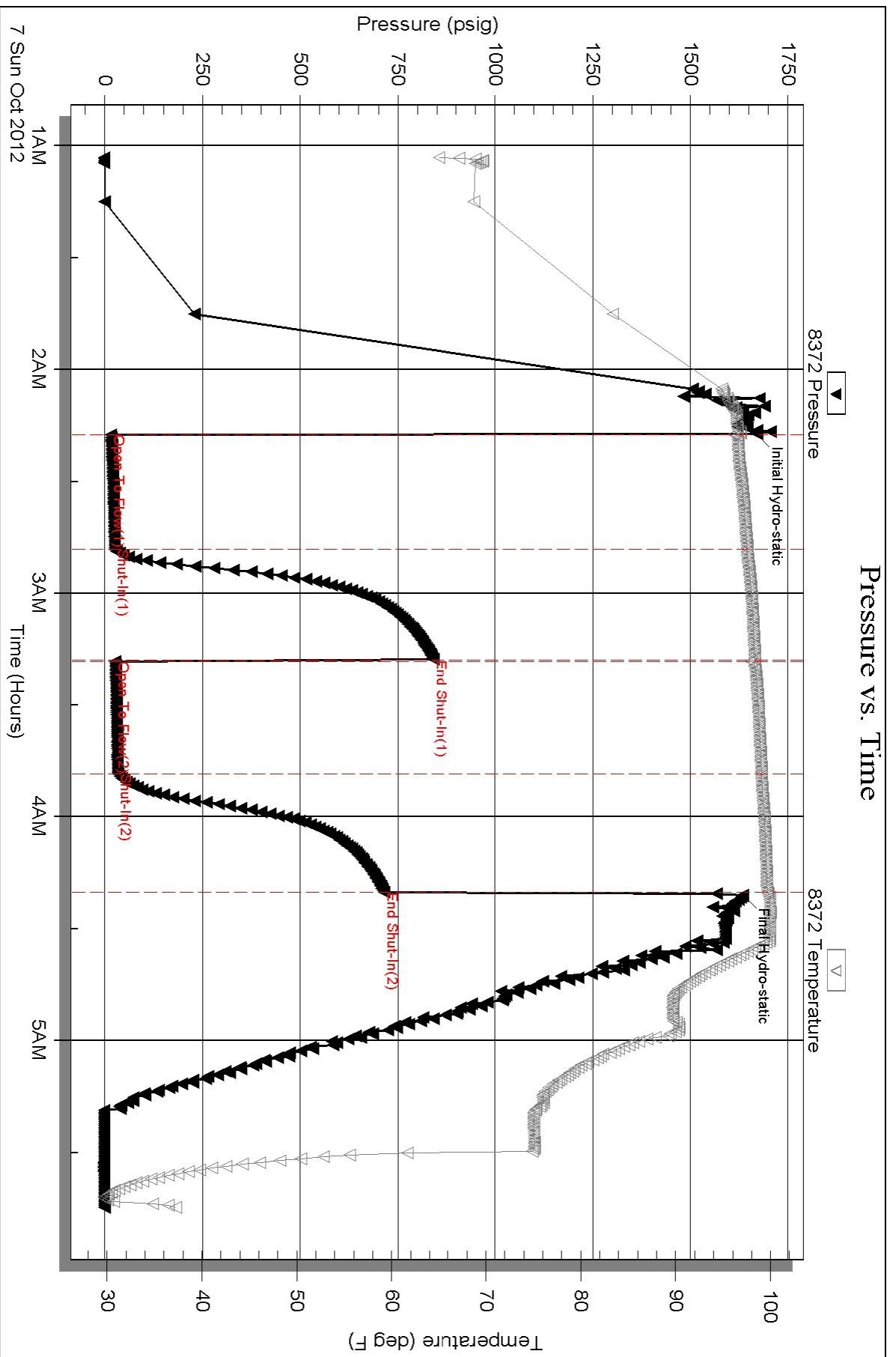
Total Length: 35.00 ft Total Volume: 0.491 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments:

Serial #: 8372

Outside Jason Oil Co. LLC

McCracken #2-3

DST Test Number: 1



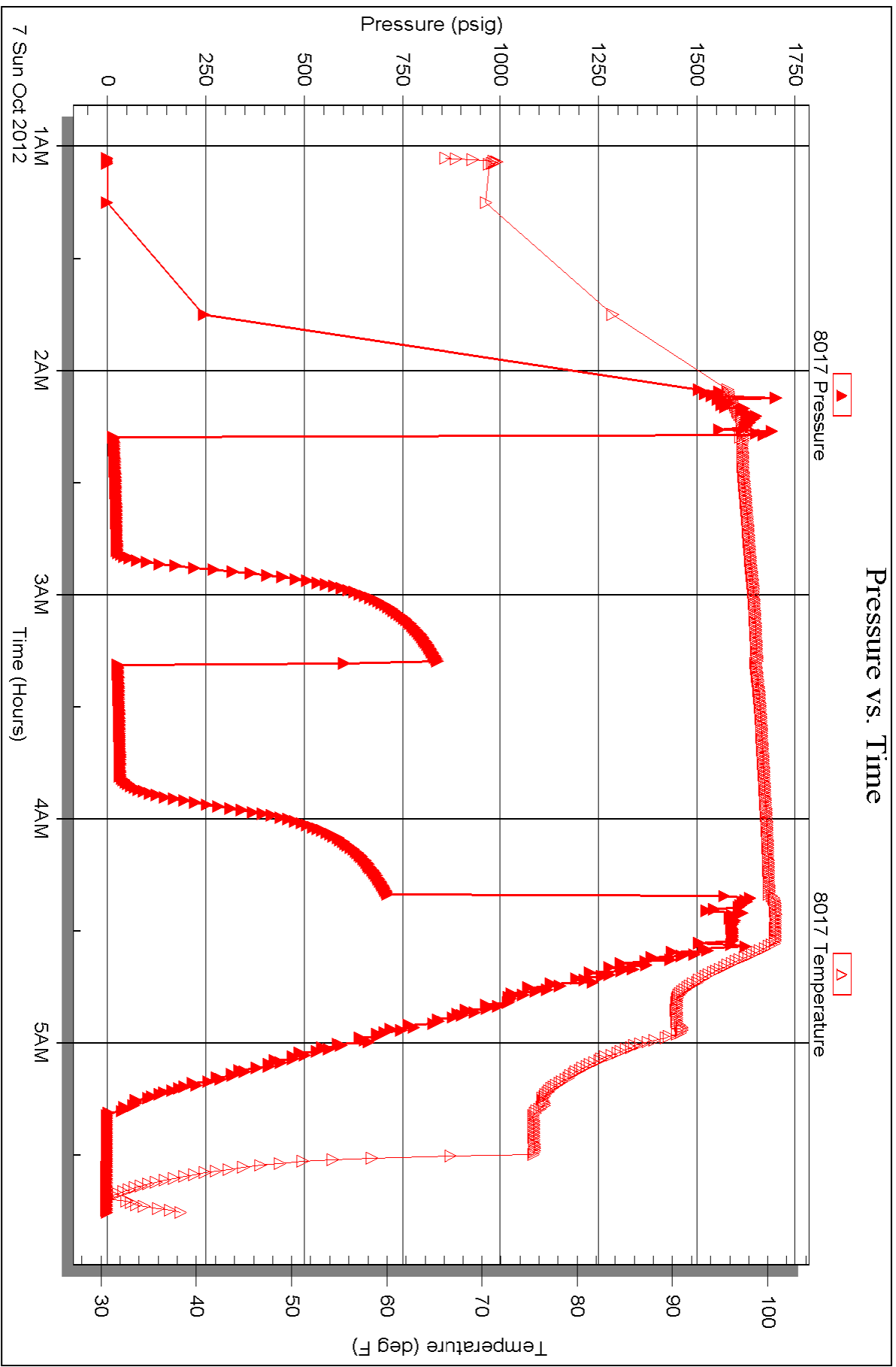
Serial #: 8017

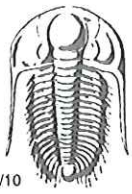
Inside

Jason Oil Co. LLC

McCracken #2-3

DST Test Number: 1





TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 49325

Well Name & No. McCracken #2-3 Test No. 1 Date 10-6-12
 Company JASON OIL CO LLC Elevation 1961 KB 1956 GL
 Address 378 83rd st. PO BOX 701 Russell KS. 67665+0701
 Co. Rep / Geo. JEFF LAWLER Rig Royal 1
 Location: Sec. 3 Twp. 16 S Rge. 16 W Co. Rush State Ks

Interval Tested 3355-3440 Zone Tested LKC
 Anchor Length 85' Drill Pipe Run 3350 Mud Wt. 9.2
 Top Packer Depth 3350 Drill Collars Run 0 Vis 50
 Bottom Packer Depth 3355 Wt. Pipe Run 0 WL 7.2
 Total Depth 3440 Chlorides 1000 ppm System LCM 0
 Blow Description IF: Blow Died in 27min
ISI: NO Return
FF: Surface blow died in 12min.
FSI: NO Return

Rec	Feet of	%gas	%oil	%water	%mud
<u>35</u>	<u>Mud</u>				
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 35' BHT 99° Gravity _____ API RW _____ @ _____ °F Chlorides _____ ppm

(A) Initial Hydrostatic 1668 Test 1150 T-On Location 23:33
 (B) First Initial Flow 15 Jars _____ T-Started 01:03
 (C) First Final Flow 25 Safety Joint _____ T-Open 02:18
 (D) Initial Shut-In 841 Circ Sub _____ T-Pulled 04:18
 (E) Second Initial Flow 26 Hourly Standby _____ T-Out 05:45
 (F) Second Final Flow 33 Mileage 60RT 93 Comments _____
 (G) Final Shut-In 714 Sampler _____
 (H) Final Hydrostatic 1634 Straddle _____ Ruined Shale Packer _____
 Shale Packer _____ Ruined Packer _____
 Extra Packer _____ Extra Copies _____
 Initial Open 30 Extra Recorder _____ Sub Total 0
 Initial Shut-In 30 Day Standby _____ Total 1243
 Final Flow 30 Accessibility _____ MP/DST Disc't _____
 Final Shut-In 30 Sub Total 1243

Approved By _____ Our Representative [Signature]

TriLOBite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.