



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 Bbbs.	Gas Mcf	Water Bbbs.	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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
---	--	--

Form	ACO1 - Well Completion
Operator	Jason Oil Company, LLC
Well Name	SCHWEIN 4
Doc ID	1137582

Tops

Name	Top	Datum
ANHYRDITE	822	990
BASE	857	955
TOPEKA	2706	-894
HEEBNER SHALE	2931	-1119
TORONTO	2949	-1137
LKC	2993	-1181
BKC	3226	-1414
ARBUCKLE	3232	-1420

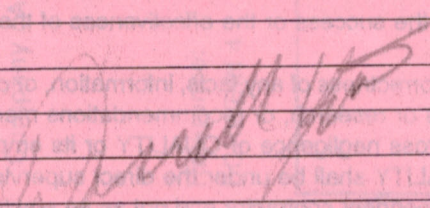
QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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

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

No. 8394

Date	3-5-13	Sec.	30	Twp.	14	Range	14	County	Russell	State	Ks	On Location		Finish	1:45 PM
Lease								Schwein		Well No.		4			
Contractor								Southwind		#4		Owner S/I Ito			
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.		511'		Charge To		Jason oil					
Csg.		8 5/8"		Depth		511'		Street							
Tbg. Size				Depth				City		State					
Tool				Depth				The above was done to satisfaction and supervision of owner agent or contractor.							
Cement Left in Csg.		40'		Shoe Joint		40'		Cement Amount Ordered 250 5x Common 3%cc							
Meas Line				Displace		30 BLS		2% Gel							
EQUIPMENT								Common 250							
Pumptrk		16		No.		Cementer		Travis		Poz. Mix					
Bulktrk		14		No.		Driver		Billy		Gel. 5					
Bulktrk		p.u.		No.		Driver		Rick		Calcium 10					
JOB SERVICES & REMARKS								Hulls							
Remarks:		Cement did		Circulate		Salt									
Rat Hole				Flowseal											
Mouse Hole				Kol-Seal											
Centralizers				Mud CLR 48											
Baskets				CFL-117 or CD110 CAF 38											
D/V or Port Collar				Sand											
				Handling		265									
				Mileage											
FLOAT EQUIPMENT															
				Guide Shoe											
				Centralizer											
				Baskets											
				AFU Inserts											
				Float Shoe											
				Latch Down											
				1- wooden plug											
				Pumptrk Charge		Long Surface									
				Mileage		9									
				Tax											
				Discount											
				Total Charge											
X Signature															

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
785-324-1041

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

No. 8158

State	Sec.	Twp.	Range	County	State	On Location	Finish
KS	30	14	14	Russell	KS		900#
				Location <i>R. 1 + 2 + 3 1/2 E Sinto</i>			

Lease <i>Schwein</i>	Well No. <i>4</i>	Owner
Contractor <i>S. H. ...</i>		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 <i>Production String</i>		Charge To <i>Jason O. I.</i>
Hole Size <i>7 7/8</i>	T.D. <i>3300</i>	Street
Csg. <i>5 1/2 15#</i>	Depth <i>3297</i>	City
Tbg. Size	Depth	State
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg. <i>21.73</i>	Shoe Joint <i>21.73</i>	Cement Amount Ordered <i>180 con 10% Salt 5% Alkoxide</i>
Meas Line	Displace <i>2000 75 1/2</i>	<i>500 gal med flush</i>

EQUIPMENT

Pumptrk <i>9</i>	No.	Cementor Helper <i>...</i>	Common <i>180</i>
Bulktrk	No.	Driver <i>...</i>	Poz. Mix
Bulktrk <i>10</i>	No.	Driver <i>...</i>	Gel.
	No.	Driver <i>...</i>	Calcium

JOB SERVICES & REMARKS

Remarks:	Salt <i>16</i>
Rat Hole <i>30SK</i>	Flowseal
Mouse Hole	Kol-Seal <i>900#</i>
Centralizers	Mud CLR 48 <i>500 gal</i>
Baskets	CFL-117 or CD110 CAF 38
D/V or Port Collar	Sand
<i>5 1/2 size @ 3297 inside @ 3275</i>	Handling
<i>Ess. Circulation Pump 500 gal med flush</i>	Mileage
<i>1/2 BL special cement patch</i>	
<i>Cement 5 1/2 with 150SK Clear</i>	FLOAT EQUIPMENT
<i>lines Displace Plug Plug handle @</i>	Guide Shoe <i>5 1/2</i>
<i>1500SK Release Pressure</i>	Centralizer <i>7 Turbulizers</i>
<i>SRP</i>	Baskets <i>1</i>
	AFU Inserts <i>limit clamp</i>
	Float Shoe <i>1</i>
	Latch Down <i>1</i>

Pumptrk Charge <i>prod long string</i>	
Mileage <i>8</i>	
	Tax
	Discount



DRILL STEM TEST REPORT

Prepared For: **Jason Oil Co LLC**

PO Box 701
Russell KS 67665-0701

ATTN: Jeff Lawler

Schwein #4

30-14s-14w Russell,KS

Start Date: 2013.03.09 @ 03:55:00

End Date: 2013.03.09 @ 10:45:00

Job Ticket #: 52057 DST #: 1

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

Printed: 2013.03.15 @ 14:02:58



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Jason Oil Co LLC

30-14s-14w Russell,KS

PO Box 701
Russell KS 67665-0701

Schwein #4

Job Ticket: 52057

DST#: 1

ATTN: Jeff Lawler

Test Start: 2013.03.09 @ 03:55:00

Tool Information

Drill Pipe:	Length: 3036.00 ft	Diameter: 3.80 inches	Volume: 42.59 bbl	Tool Weight: 2500.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 2.75 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 150.00 ft	Diameter: 2.25 inches	Volume: 0.74 bbl	Weight to Pull Loose: 48000.00 lb
			<u>Total Volume: 43.33 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	12.00 ft			String Weight: Initial 40000.00 lb
Depth to Top Packer:	3196.00 ft			Final 45000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	47.00 ft			
Tool Length:	69.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

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

Shut In Tool	5.00			3179.00	
Hydraulic tool	5.00			3184.00	
Safety Joint	2.00			3186.00	
Packer	5.00			3191.00	22.00 Bottom Of Top Packer
Packer	5.00			3196.00	
Stubb	1.00			3197.00	
Perforations	10.00			3207.00	
Recorder	0.00	6752	Inside	3207.00	
Recorder	0.00	8322	Outside	3207.00	
Change Over Sub	1.00			3208.00	
Blank Spacing	31.00			3239.00	
Change Over Sub	1.00			3240.00	
Bullnose	3.00			3243.00	47.00 Bottom Packers & Anchor

Total Tool Length: 69.00



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Jason Oil Co LLC

30-14s-14w Russell,KS

PO Box 701
Russell KS 67665-0701

Schwein #4

Job Ticket: 52057

DST#: 1

ATTN: Jeff Lawler

Test Start: 2013.03.09 @ 03:55:00

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:

33000 ppm

Viscosity: 54.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.58 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4800.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
504.00	MCW 2% <i>m</i> 98% <i>w</i>	5.703
378.00	GWCO 10% <i>g</i> 28% <i>w</i> 62% <i>o</i>	5.302
378.00	GM&OCW 25% <i>g</i> 10% <i>m</i> 20% <i>o</i> 45% <i>w</i>	5.302
378.00	GM&OCW 20% <i>g</i> 20% <i>m</i> 30% <i>o</i> 30% <i>w</i>	5.302
0.00	126 GIP	0.000

Total Length: 1638.00 ft

Total Volume: 21.609 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: .243 @ 61

Serial #: 6752

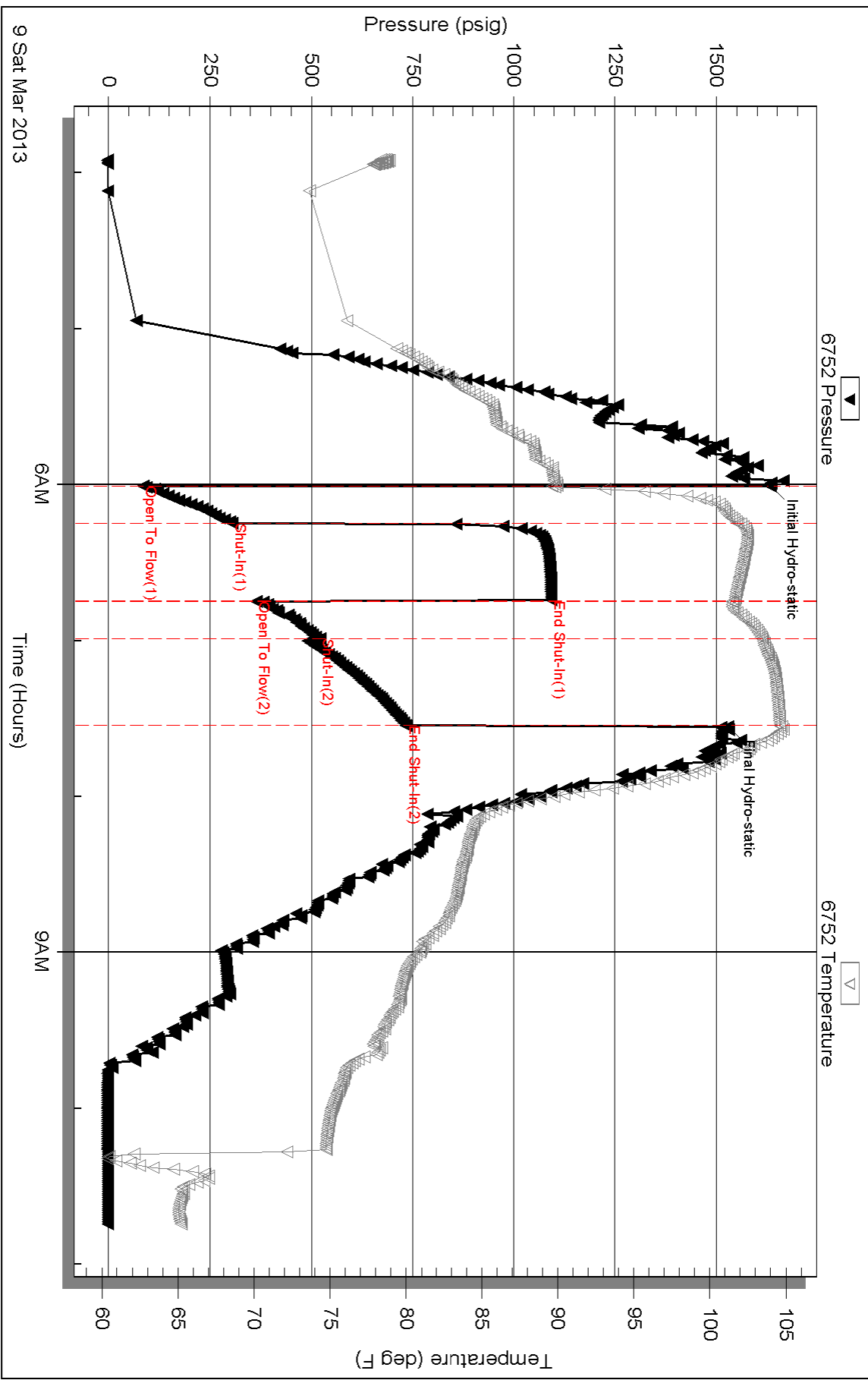
Inside

Jason Oil Co LLC

Schw ein #4

DST Test Number: 1

Pressure vs. Time

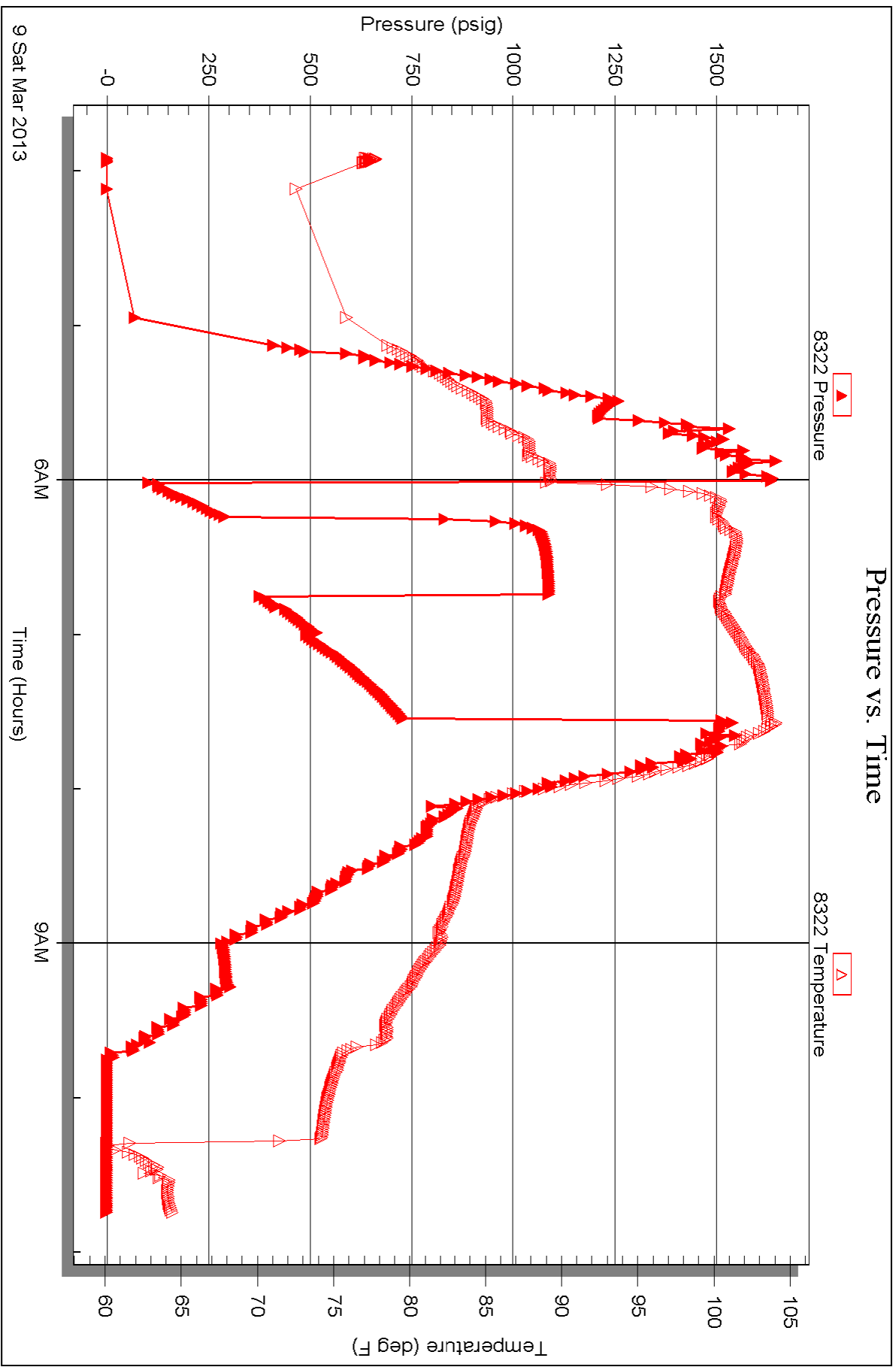


Serial #: 8322

Outside Jason Oil Co LLC

Schw ein #4

DST Test Number: 1





TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 52057

Well Name & No. Schwein #4 Test No. 1 Date 3-9-13
 Company JASON Oil Co., LLC Elevation 1812 KB 1805 GL
 Address 3718-83rd St P.O. Box 701 Russell Ks. 67665-0701
 Co. Rep / Geo. JEFF Lawler Rig Southerwind #4
 Location: Sec. 30 Twp. 14S Rge. 14W Co. Russell State Ks.

Interval Tested 47 Zone Tested Arbuckle
 Anchor Length 3196-3243 Drill Pipe Run 3036 Mud Wt. 9.2
 Top Packer Depth 3191 Drill Collars Run 150 Vis 54
 Bottom Packer Depth 3196 Wt. Pipe Run Ø WL 9.6
 Total Depth 3243 Chlorides 4800 ppm System LCM N/A

Blow Description IFF-BOB in 40sec.
ISIP-Weak Surface Blow
FFP-BOB in 40sec.
FSIP-BOB in 2min 30sec.

Rec	Feet of	%gas	%oil	%water	%mud
<u>504</u>	<u>mcw</u>		<u>98</u>	<u>2</u>	
<u>378</u>	<u>SWCO</u>	<u>10</u>	<u>62</u>		
<u>378</u>	<u>DM+OCW</u>	<u>25</u>	<u>20</u>	<u>45</u>	<u>10</u>
<u>378</u>	<u>DM+OCW</u>	<u>20</u>	<u>30</u>	<u>30</u>	<u>20</u>
	<u>126 DIP</u>				

Rec Total 1638 BHT 104 Gravity API RW 243 @ 61 °F Chlorides 33000 ppm

(A) Initial Hydrostatic 1633 Test 1150 T-On Location 02:40
 (B) First Initial Flow 85 Jars T-Started 03:55
 (C) First Final Flow 304 Safety Joint 75 T-Open 06:00
 (D) Initial Shut-In 1092 Circ Sub T-Pulled 07:30
 (E) Second Initial Flow 363 Hourly Standby T-Out 10:45
 (F) Second Final Flow 520 Mileage 46 RT 71.30
 (G) Final Shut-In 733 Sampler
 (H) Final Hydrostatic 1527 Straddle Ruined Shale Packer
 Shale Packer Ruined Packer
 Extra Packer Extra Copies

Initial Open 15
 Initial Shut-In 30
 Final Flow 15
 Final Shut-In 30
 Sub Total 1296.30
 Total 1296.30
 MP/DST Disc't

Approved By _____ Our Representative [Signature] Thanks!
 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.