



**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
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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	Jason Oil Company, LLC
Well Name	TITTEL E 9
Doc ID	1151944

Tops

Name	Top	Datum
anhydrite	889	1009
base	919	979
topeka	2792	-894
heebner	3020	-1122
toronto	3039	-1141
douglas	358	-1160
LKC	3084	-1186
BKC	3320	-1422
arbuckle	3342	-1444

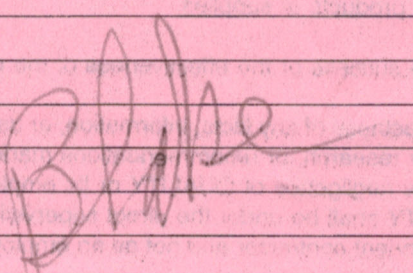
# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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

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

No. 6624

Date	4-29-13	Sec.	14	Twp.	15	Range	14	County	Russell	State	Ks	On Location		Finish	2:00 AM
Lease								Location		Russell, Ks - S to Winterset Rd, 1E					
Tittel E								Well No.		9					
Contractor								Owner		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								Charge To		Surface Jason oil					
Hole Size				T.D.		Depth		Street							
Csg.								City							
Tbg. Size				Depth				State							
Tool				Depth		The above was done to satisfaction and supervision of owner agent or contractor.									
Cement Left in Csg.				Shoe Joint		Cement Amount Ordered									
Meas Line				Displace		200 ss Common 39.00									
<b>EQUIPMENT</b>															
Pumptrk		No.	Cementer		Helper		Common								
Bulktrk		No.	Driver		Driver		Poz. Mix								
Bulktrk		No.	Driver		Driver		Gel.								
Bulktrk		No.	Driver		Driver		Calcium								
<b>JOB SERVICES &amp; REMARKS</b>															
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							
								Mileage							
<b>FLOAT EQUIPMENT</b>															
								Guide Shoe							
								Centralizer							
								Baskets							
								AFU Inserts							
								Float Shoe							
								Latch Down							
								Pumptrk Charge							
								Mileage							
								Tax							
								Discount							
								Total Charge							

# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 6834

Cell 785-324-1041

Date	5-5-13	Sec.	Twp.	Range	County	State	On Location	Finish
					Russell	KS		2:45pm

Lease 1 Title E Location Russell 5 to Unit Set Rd NE

Well No. 049 Owner John Winto

Contractor Royal 2 To Quality Oilwell Cementing, Inc.

Type Job Pipe 206 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. 3445 Charge To Jason Oil

Csg. 5 1/2 Depth 3396 Street Jason Oil

Tbg. Size \_\_\_\_\_ Depth \_\_\_\_\_ City \_\_\_\_\_ State ore

Tool \_\_\_\_\_ Depth \_\_\_\_\_ The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. 20ft Shoe Joint 20ft + 33% Cement Amount Ordered 220

Meas Line \_\_\_\_\_ Displace 50.5 BBL 5% gulfonate

**EQUIPMENT**

Pumptrk 5 No. 1 Cementer John Helper John Common 220

Bulktrk 3 No. 1 Driver Brett Poz. Mix 220

Bulktrk 4 No. 1 Driver Lonnie Gel. \_\_\_\_\_

Driver Lonnie Calcium \_\_\_\_\_

**JOB SERVICES & REMARKS**

Remarks: \_\_\_\_\_ Hulls \_\_\_\_\_

Rat Hole 30 5/8 Salt 19

Mouse Hole 15 5/8 Flowseal \_\_\_\_\_

Centralizers 24 7 10 12 14 60 Kol-Seal 1000#

Baskets Limit clamp #2 16up Mud CLR 48 500 gal

D/V or Port Collar Basket #61 CFL-117 or CD110 CAF 38

Lease Title E #9 Sand \_\_\_\_\_

Handling \_\_\_\_\_

Mileage \_\_\_\_\_

Lift 1000 psi

hard plug at 1500

plug held Pigeal

down

**FLOAT EQUIPMENT**

Guide Shoe \_\_\_\_\_

Centralizer 1 8 turbo 5/8

Baskets 2 5/8

AFU Inserts \_\_\_\_\_

Float Shoe 5/8

Latch Down 5/8

Limit Clamp

Pumptrk Charge prod Long String

Mileage 13

Tax \_\_\_\_\_

Discount \_\_\_\_\_

Signature \_\_\_\_\_ Total Charge \_\_\_\_\_



**TRILOBITE TESTING, INC.**

# DRILL STEM TEST REPORT

Jason Oil Company, LLC

**14-15s-14w-Russell**

PO Box 701  
Russell, KS. 67665

**Tittel #9**

Job Ticket: 52234

**DST#: 1**

ATTN: Jeff Lawler

Test Start: 2013.05.03 @ 06:17:50

## GENERAL INFORMATION:

Formation: **Toronto-G**

Deviated: No Whipstock: 0.00 ft (KB)

Time Tool Opened: 08:58:50

Time Test Ended: 13:10:05

Test Type: Conventional Bottom Hole (Initial)

Tester: Jason McLemore

Unit No: 54

**Interval: 3045.00 ft (KB) To 3163.00 ft (KB) (TVD)**

Reference Elevations: 1898.00 ft (KB)

Total Depth: 3163.00 ft (KB) (TVD)

1891.00 ft (CF)

Hole Diameter: 7.80 inches Hole Condition: Good

KB to GR/CF: 7.00 ft

**Serial #: 8789 Inside**

Press @ Run Depth: 31.98 psig @ 3145.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2013.05.03

End Date:

2013.05.03

Last Calib.: 2013.05.03

Start Time: 06:17:52

End Time:

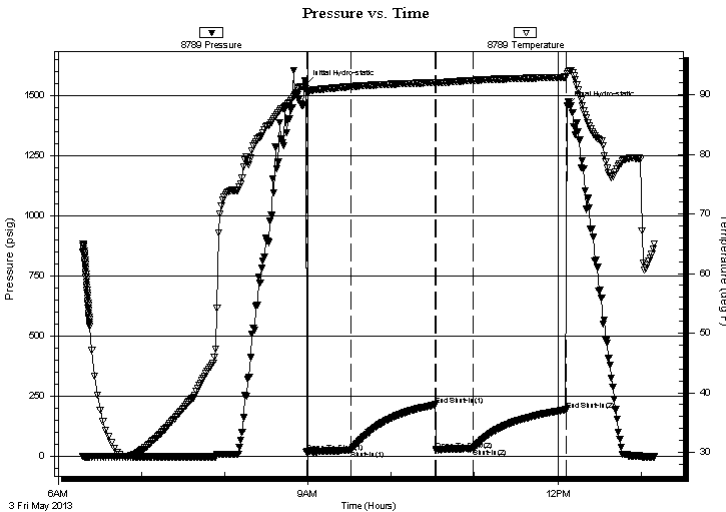
13:10:05

Time On Btm: 2013.05.03 @ 08:58:20

Time Off Btm: 2013.05.03 @ 12:06:35

**TEST COMMENT:** IFP-Fair Blow , Built to 6"  
ISI-Dead  
FFP-Good Bow , Built to 9"  
FSI-Dead

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1548.74	90.99	Initial Hydro-static
1	16.72	90.47	Open To Flow (1)
33	25.22	91.34	Shut-In(1)
94	214.04	92.03	End Shut-In(1)
94	23.97	91.96	Open To Flow (2)
121	31.98	92.40	Shut-In(2)
188	193.75	92.93	End Shut-In(2)
189	1457.91	93.56	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
40.00	Drilling Mud	0.56

## Gas Rates

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



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Jason Oil Company, LLC

**14-15s-14w-Russell**

PO Box 701  
Russell, KS. 67665

**Tittel #9**

Job Ticket: 52234

**DST#: 1**

ATTN: Jeff Lawler

Test Start: 2013.05.03 @ 06:17:50

## 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:

bbbl

Water Loss: 8.79 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4000.00 ppm

Filter Cake: inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
40.00	Drilling Mud	0.561

Total Length: 40.00 ft      Total Volume: 0.561 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Serial #: 8789

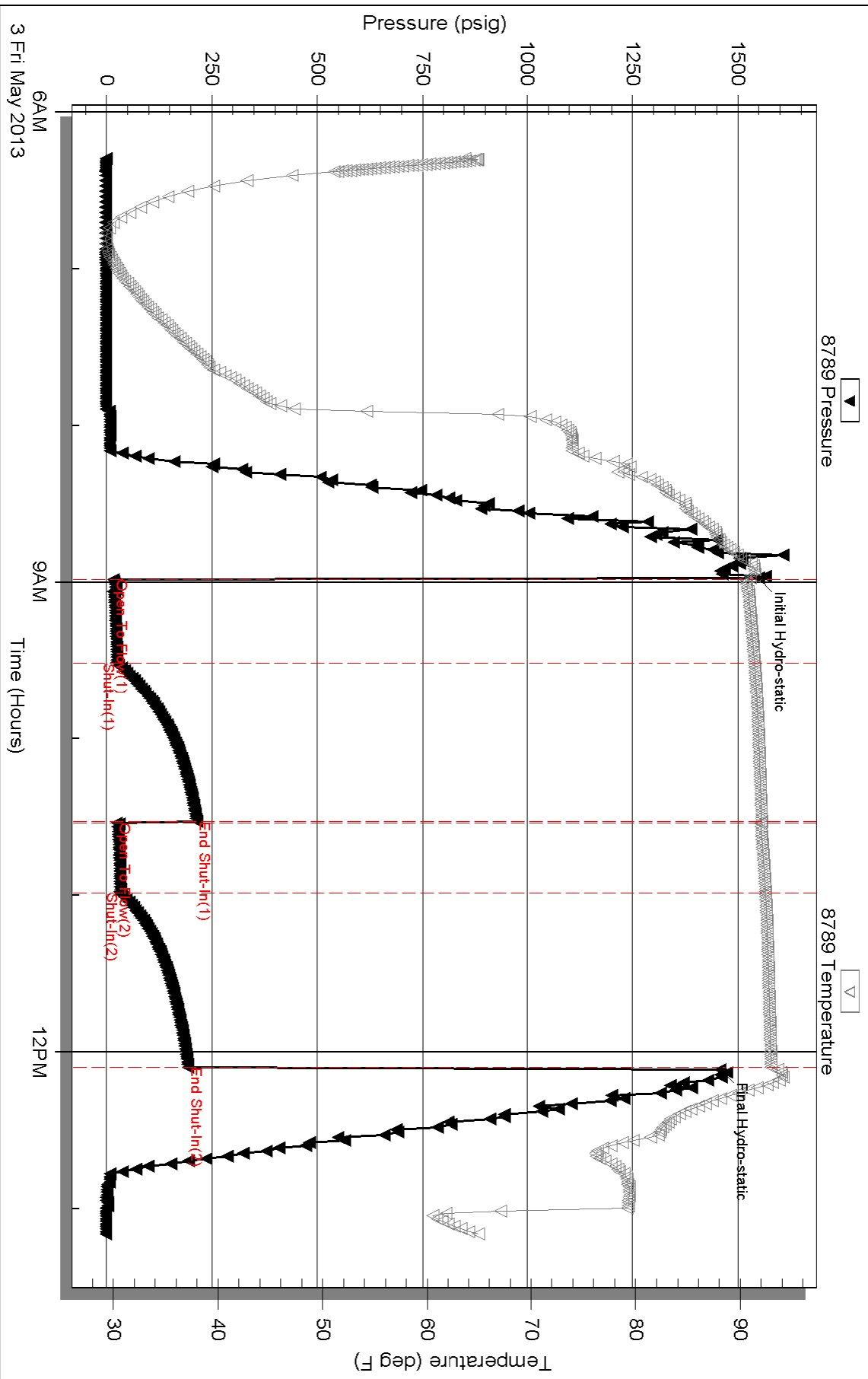
Inside

Jason Oil Company, LLC

Titel #9

DST Test Number: 1

# Pressure vs. Time



Triobite Testing, Inc

Ref. No: 52234

Printed: 2013.05.03 @ 14:43:55





**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

Jason Oil Company, LLC

**14-15s-14w-Russell**

PO Box 701  
Russell, KS. 67665

**Tittel #9**

Job Ticket: 52236

**DST#: 3**

ATTN: Jeff Lawler

Test Start: 2013.05.04 @ 13:30:21

## GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: 0.00 ft (KB)

Time Tool Opened: 14:33:36

Time Test Ended: 19:22:21

Test Type: Conventional Bottom Hole (Reset)

Tester: Jason McLemore

Unit No: 54

**Interval: 3310.00 ft (KB) To 3345.00 ft (KB) (TVD)**

Total Depth: 3345.00 ft (KB) (TVD)

Hole Diameter: 7.80 inches Hole Condition: Good

Reference Elevations: 1898.00 ft (KB)

1891.00 ft (CF)

KB to GR/CF: 7.00 ft

**Serial #: 8789**

**Inside**

Press @ Run Depth: 256.42 psig @ 3319.00 ft (KB)

Start Date: 2013.05.04

End Date:

2013.05.04

Start Time: 13:30:23

End Time:

19:22:21

Capacity: 8000.00 psig

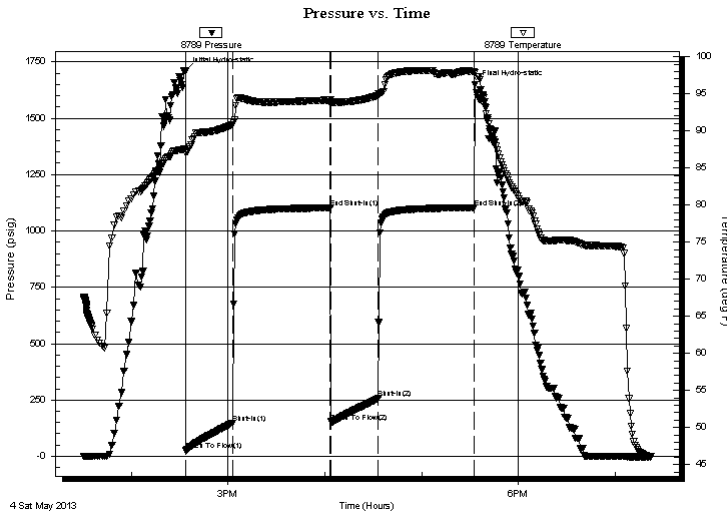
Last Calib.: 2013.05.04

Time On Btm: 2013.05.04 @ 14:33:21

Time Off Btm: 2013.05.04 @ 17:33:21

**TEST COMMENT:** IFP-Good Blow , BOB in 5 Min.  
ISI-Blow back Built to 1"  
FFP-Good Blow , BOB in 10 Min.  
FSI-Dead

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1708.68	87.56	Initial Hydro-static
1	25.23	87.05	Open To Flow (1)
30	148.47	90.83	Shut-In(1)
90	1102.47	94.17	End Shut-In(1)
91	153.67	93.63	Open To Flow (2)
120	256.42	94.77	Shut-In(2)
180	1102.90	97.99	End Shut-In(2)
180	1648.61	97.86	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
380.00	Free Oil	5.33
120.00	Frothy Muddy Oil-30%G-50%O-20%M	1.68
0.00	180' Gas In Pipe	0.00

## Gas Rates

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

\* Recovery from multiple tests



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

## FLUID SUMMARY

Jason Oil Company, LLC

**14-15s-14w-Russell**

PO Box 701  
Russell, KS. 67665

**Tittel #9**

Job Ticket: 52236

**DST#: 3**

ATTN: Jeff Lawler

Test Start: 2013.05.04 @ 13:30:21

### Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

36 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 52.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.79 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4600.00 ppm

Filter Cake: inches

### Recovery Information

Recovery Table

Length ft	Description	Volume bbl
380.00	Free Oil	5.330
120.00	Frothy Muddy Oil-30%G-50%O-20%M	1.683
0.00	180' Gas In Pipe	0.000

Total Length: 500.00 ft      Total Volume: 7.013 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

### Pressure vs. Time

