



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1184123
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1184123

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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. 7567

Date	Sec.	Twp.	Range	County	State	On Location	Finish
11-20-13	36	13	15	Russell	Ks		8:00 PM

Location: Russell, Ks - 5W, 1/4 S, 1/4 E Int

Lease: Patterson	Well No. # 3	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.
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Contractor: Southward #6	Charge To: Jason
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Type Job: Production	Hole Size: 4 7/8"	T.D.: 3370'
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Csg. 15.50 New Sky	Depth: 3366'	Street:
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Tbg. Size:	Depth:	City:	State:
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Tool: Port Collar	Depth: 1593'	The above was done to satisfaction and supervision of owner agent or contractor.	
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Cement Left in Csg. 15'	Shoe Joint: 18'	Cement Amount Ordered: 180 s. Common 10% Salt
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Meas Line:	Displace: 79 1/2 Bus	5% Gilsontite - 500 gal Mud Clear 48
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EQUIPMENT

Pumptrk 17	No. Cementer/Helper: Cody	Common: 450
Bulktrk 14	No. Driver: Clayton	Poz. Mix
Bulktrk 14	No. Driver: Rick	Gel: 9
		Calcium: 16

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers: 1 2 3 5 7 9 11 13 42 58	Kol-Seal
Baskets: 2 43 59	Mud CLR 48
D/V or Port Collar: 4 1/3 1593'	CFL-117 or CD110 CAF 38
pipe on bottom, break circulation	Sand
plung 500 gal Mud Clear 48, plug	Handling: 475
10 Bus of water, plug, Rathole	Mileage

FLOAT EQUIPMENT

1700 lb. Heavy 5 St. Collar + mix	Guide Shoe: 1 - Limit clamp
150 sr Cement, shut down, wash	Centralizer: 7 turbos 2 Reg
plug + lines Released plug	Baskets: 3
Discard with 79 1/2 Bus of water	AFU Inserts
Released + held	Float Shoe
	Latch Down: 1
Lift pressure 700 #	1 - Port Collar
hand plug to 1500 #	1 - Rat hole head Assy
	Pumptrk Charge: Low Sur Area
	Mileage: 19

X Signature: [Signature]

Tax
Discount
Total Charge

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

none 785-483-2025
Cell 785-324-1041

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

No. 7798

Date	10-21-13	Sec.	8	Twp.	16	Range	10	County	Ellsworth	State	Ks	On Location		Finish	1:00 PM	
Location								Wilson, Ks - S to Ave N, 1 1/2 E								
Lease	Beagley			Well No.	1			Owner	S H into							
Contractor	Royal #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															
Hole Size	12 1/4"			T.D.	348'			Charge To	Jason o.i.							
Csg.	8 5/8"			Depth	348'			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.	15'			Shoe Joint	15'			Cement Amount Ordered	180 sx Common 3% CC							
Meas Line				Displace	21 BLS			2% Gel								
EQUIPMENT								Common /80								
Pumptrk	16	No.	Cementer													
			Helper	Billy												
Bulktrk	14	No.	Driver													
			Driver	Chad												
Bulktrk	pin	No.	Driver													
			Driver	Rick												
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 189															
	Mileage															
FLOAT EQUIPMENT								Guide Shoe								
								Centralizer								
								Baskets								
								AFU Inserts								
								Float Shoe								
								Latch Down								
				Pumptrk Charge	Surface											
				Mileage	31											
								Tax								
								Discount								
								Total Charge								
X Signature	Tom Blake															



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Jason Oil Co. LLC

8-16s-10w Ellsworth, KS

3718 83rd St.
PO Box 701
Russell, KS 67665
ATTN: Steve Reed

Beagley #1

Job Ticket: 55762

DST#: 1

Test Start: 2013.10.26 @ 17:40:00

GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 19:09:45

Time Test Ended: 00:48:00

Test Type: Conventional Bottom Hole (Initial)

Tester: Brannan L

Unit No: 59

Interval: 3246.00 ft (KB) To 3281.00 ft (KB) (TVD)

Reference Elevations: 1823.00 ft (KB)

Total Depth: 3281.00 ft (KB) (TVD)

1816.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 7.00 ft

Serial #: 8319

Press @ Run Depth: 810.38 psig @ ft (KB)

Capacity: 8000.00 psig

Start Date: 2013.10.26

End Date: 2013.10.27

Last Calib.: 2013.10.27

Start Time: 17:40:05

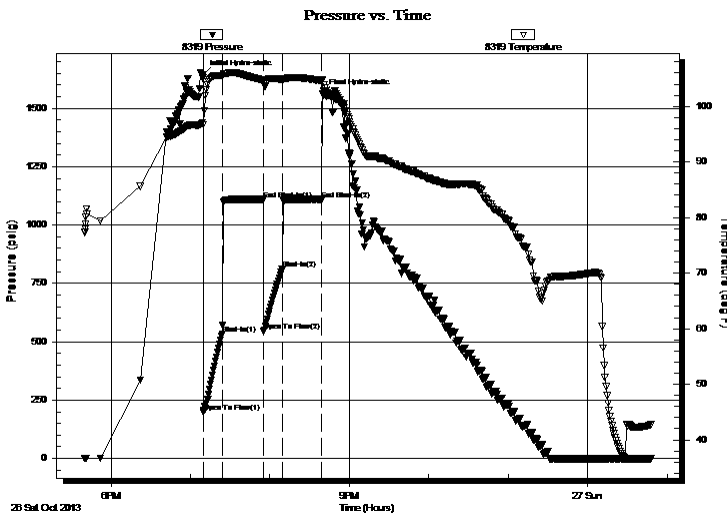
End Time: 00:47:59

Time On Btm: 2013.10.26 @ 19:09:30

Time Off Btm: 2013.10.26 @ 20:39:45

TEST COMMENT: 15- IF- BOB 1min
30- ISI- Built to 3"
15- FF- BOB 1min
30- FSI- Built to 1"

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1643.39	97.05	Initial Hydro-static
1	197.97	96.67	Open To Flow (1)
15	534.26	105.52	Shut-In(1)
46	1110.24	104.73	End Shut-In(1)
46	545.22	104.52	Open To Flow (2)
60	810.38	104.80	Shut-In(2)
90	1109.99	104.60	End Shut-In(2)
91	1564.02	104.73	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
2255.00	GMCO, 20%G 10%M 70%O	30.80
0.00	160' GIP	0.00

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Jason Oil Co. LLC

8-16s-10w Ellsworth, KS

3718 83rd St.
PO Box 701
Russell, KS 67665
ATTN: Steve Reed

Beagley #1

Job Ticket: 55762

DST#: 1

Test Start: 2013.10.26 @ 17:40:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

45 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 63.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.99 in³

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 bbbl
2255.00	GMCO, 20%G 10%M 70%O	30.805
0.00	160' GIP	0.000

Total Length: 2255.00 ft Total Volume: 30.805 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

