



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1185308
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
-----------------------------------	-----------------	---

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: _____

1185308

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Jason Oil Company
3718 83 RD ST
PO Box 701
Russell KS, 67665-0701
ATTN: Jeff Lawler

6-19s-24w Ness Co, KS

Popp #3

Job Ticket: 54577

DST#: 1

Test Start: 2013.11.21 @ 02:15:00

GENERAL INFORMATION:

Formation: **Miss**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 05:01:45

Time Test Ended: 10:26:30

Test Type: Conventional Bottom Hole (Initial)

Tester: Jace McKinney

Unit No: 46

Interval: 4352.00 ft (KB) To 4410.00 ft (KB) (TVD)

Total Depth: 4410.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Poor

Reference Elevations: 2368.00 ft (KB)

2358.00 ft (CF)

KB to GR/CF: 10.00 ft

Serial #: 8675 Inside

Press @ Run Depth: 350.76 psig @ 4353.00 ft (KB)

Start Date: 2013.11.21

End Date:

2013.11.21

Start Time: 02:15:15

End Time:

10:26:30

Capacity: 8000.00 psig

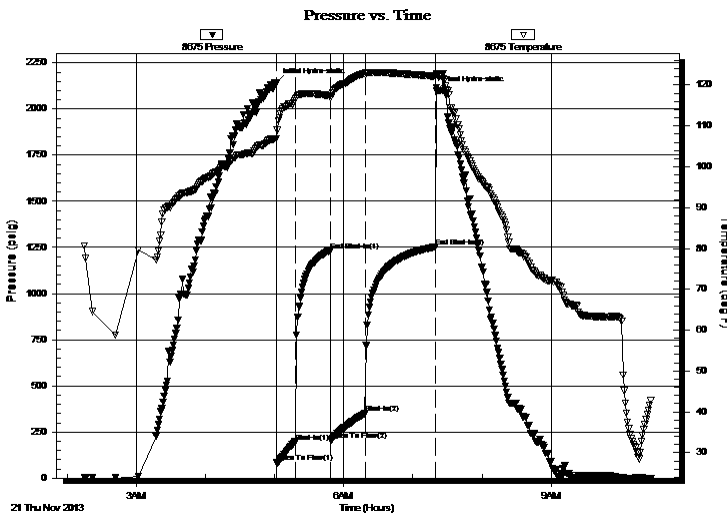
Last Calib.: 2013.11.21

Time On Btm: 2013.11.21 @ 05:01:15

Time Off Btm: 2013.11.21 @ 07:20:45

TEST COMMENT: B.O.B. in 2 1/2 min.
Bled off for 5 min, Weak surface return blow
B.O.B. in 4 min.
Bled off for 5 min, Very weak surface return blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2141.28	106.78	Initial Hydro-static
1	84.78	106.80	Open To Flow (1)
17	196.75	116.55	Shut-In(1)
47	1234.23	117.38	End Shut-In(1)
48	207.21	116.93	Open To Flow (2)
78	350.76	122.80	Shut-In(2)
139	1253.08	122.15	End Shut-In(2)
140	2101.29	122.85	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
126.00	mcw 40%M 60%W	1.49
126.00	gcom 25%G 25%O 50%M	1.77
252.00	ocg 40%O 60%G	3.53
189.00	w cgom 5%W 20%G 35%O 40%M	2.65
126.00	w com 5%W 45%O 50%M	1.77

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Jason Oil Company

6-19s-24w Ness Co, KS

3718 83 RD ST
PO Box 701
Russell KS, 67665-0701
ATTN: Jeff Lawler

Popp #3

Job Ticket: 54577

DST#: 1

Test Start: 2013.11.21 @ 02:15:00

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 10.00 lb/gal
Viscosity: 65.00 sec/qt
Water Loss: 9.99 in³
Resistivity: ohm.m
Salinity: 5000.00 ppm
Filter Cake: inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: 35 deg API
Water Salinity: ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
126.00	mcw 40%M 60%W	1.485
126.00	gcom 25%G 25%O 50%M	1.767
252.00	ocg 40%O 60%G	3.535
189.00	w cgom 5%W 20%G 35%O 40%M	2.651
126.00	w com 5%W 45%O 50%M	1.767

Total Length: 819.00 ft Total Volume: 11.205 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments: RW: .30 @ 30 F = 45,000

API: 31 @ 20 F = 35

Serial #: 8675

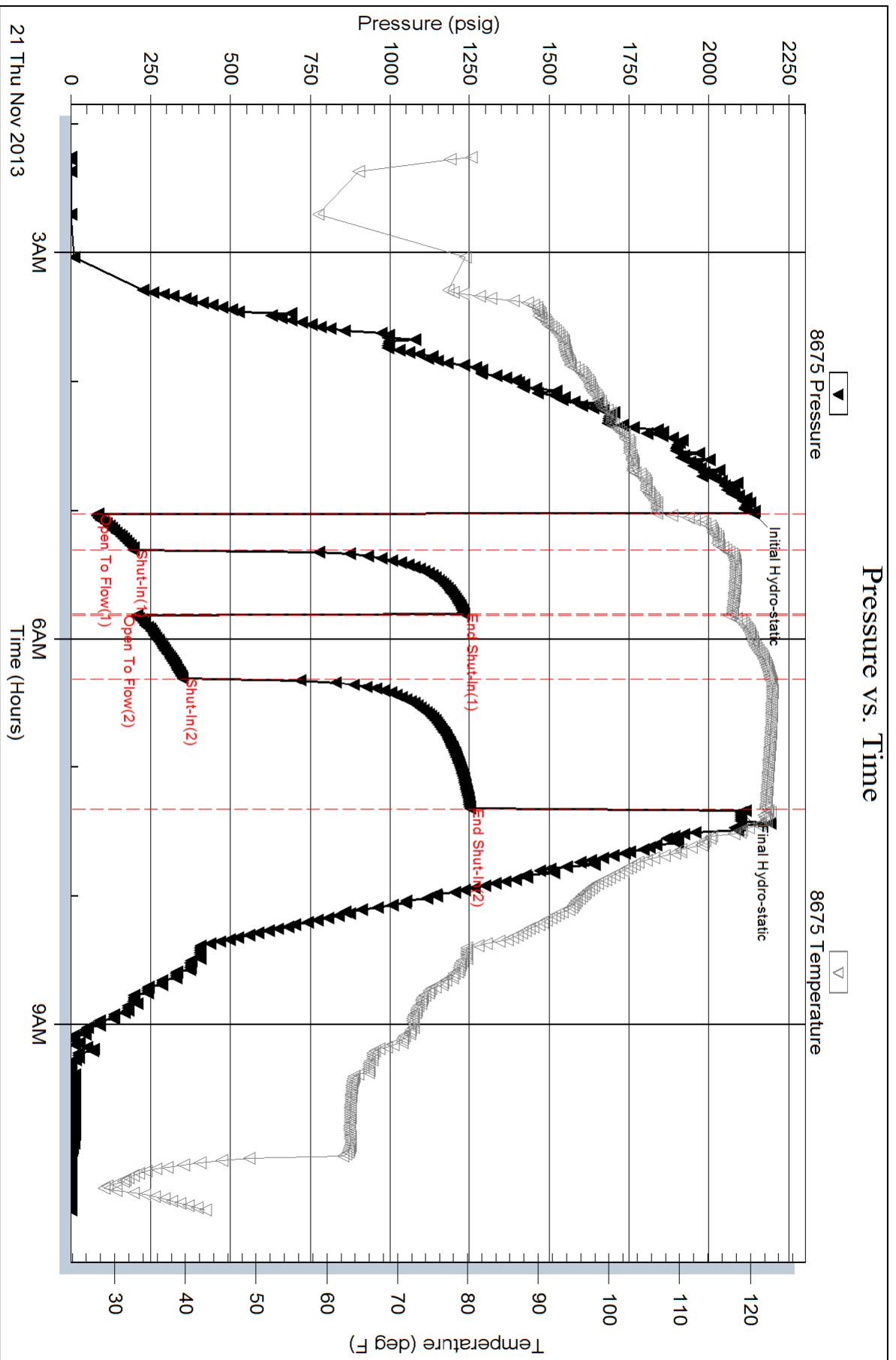
Inside

Jason Oil Company

Popp #3

DST Test Number: 1

Pressure vs. Time



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. 7010

Date	Sec.	Twp.	Range	County	State	On Location	Finish
11-15-13	6	19	24	Ness	KS		3:00 AM

Location Ness City, Box 32 L Rd 25 1/2 E N 100

Lease <u>Popp</u>	Well No. <u>3</u>	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.
Contractor <u>Maverick 109</u>		Charge To <u>Jason Oil</u>
Type Job <u>Surface</u>		
Hole Size <u>12 1/4</u>	T.D. <u>262'</u>	
Csg. <u>4 5/8</u>	Depth <u>262</u>	
Tbg. Size	Depth	Street
Tool	Depth	City
		State
		The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. 25' Shoe Joint

Cement Amount Ordered 200 sac 3% cc 2% adm
160

Meas Line

Displace 15 bbl

EQUIPMENT

Pumptrk <u>17</u>	No.	Cementer		Common	<u>160</u>
		Helper <u>Cody</u>			
Bulktrk <u>9</u>	No.	Driver		Gel.	<u>3</u>
		Driver <u>Jason</u>			
Bulktrk <u>PU</u>	No.	Driver		Hulls	<u>5</u>
		Driver <u>Brett</u>			

JOB SERVICES & REMARKS

Remarks:	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 <u>160</u>
	Mileage <u>9</u>

FLOAT EQUIPMENT

<u>Cement</u>	Guide Shoe
	Centralizer
	Baskets
<u>Controlled</u>	AFU Inserts
	Float Shoe
	Latch Down

Pumptrk Charge	
Mileage <u>9 Surface</u>	

Tax	
Discount	
Total Charge	

X Signature [Signature]

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

35-483-2025
324-1041

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

No. 7570

11-21-13		Sec. 6	Twp. 19	Range 24	County Ness	State KS	On Location	Finish 2:30 PM
Well No. #3					Location Ness Co. KS - 6W to Rd 10			
Contractor Popp Maverick		#108			Owner JS 3/8" F N/I into To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cement and helper to assist owner or contractor to do work as listed.			
Type Job Production		T.D. 4480'			Charge To Jason oil			
Hole Size 5 7/8"		Depth 4464'			Street			
Csg. 15.50 New 5'		Depth			City State			
Tbg. Size		Depth			The above was done to satisfaction and supervision of owner agent or contractor.			
Tool Port Collar		Depth 1655'			Cement Amount Ordered 160 Com 10% Salt 5%			
Cement Left in Csg. 22'		Shoe Joint 22'			Gills - 20' - 500 gal mud ch... 4x/20 B K			
Meas Line		Displace 105 3/4 BLS			Common 160			
EQUIPMENT								
Pumptrk	No. 16	Cementer Helper	Billy		Poz. Mix			
Bulktrk	No. 14	Driver	Dianne M.		Gel.			
Bulktrk	No. 14	Driver	Rick		Calcium			
JOB SERVICES & REMARKS								
Remarks:					Hulls			
Rat Hole					Salt 13 1/4			
Mouse Hole					Flowseal			
Centralizers 1 Reg tubs 2, 3, 4, 7, 12, 18, Reg #65					Kol-Seal 500 F			
Baskets 19 66					Mud CLR 48 500 gal			
D/V or Port Collar #166 1655'					CFL-117 or CD110 CAF 38			
p.p. on bottom break circulation					Sand			
pump 5' short mud ch... pump...					Handling			
KID, plus 8' tubs w/ 3' x 1/2" plug...					Mileage 18.7			
w/ 20' x Hook to 5' Cas... 170'...					FLOAT EQUIPMENT			
3x Cement stand down wash pump...					Guide Shoe			
Relieved plug & D. about 105 3/4 BLS					Centralizer 6 tubs 2 Reg			
of cement Release field					Baskets 2			
D. Line pressure 800 #					AFU Inserts			
Lead plug to 1500 #					Float Shoe			
					Latch Down 1			
					1 - Port Collar			
					Pumptrk Charge prod long string			
					Mileage			
					Tax			
					Discount			
					Total Charge			
X Signature								