



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1185342  
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: \_\_\_\_\_

1185342

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 <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  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
<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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Jason Oil Company, LLC
Well Name	PATTERSON 3
Doc ID	1185342

Tops

Name	Top	Datum
STONE CORAL ANH	915	+968
GRAND HAVEN	2437	-554
TARKIO	2564	-681
HOWARD LM	2700	-817
TOPEKA	2761	-878
HEEBNER	2986	-1103
LKC	3042	-1159
ARBUCKLE	3296	-1413

# QUALITY OILWELL CEMENTING, INC.

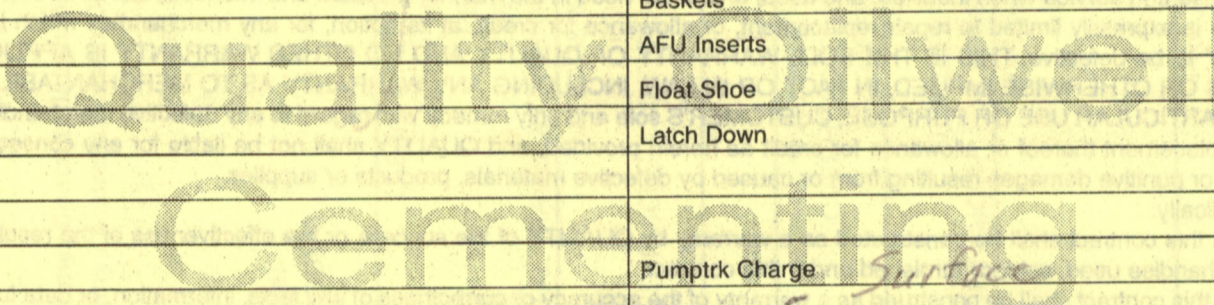
Federal Tax I.D.# 20-2886107

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

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

No. 7478

Date	11-15-13	Sec.		Twp.		Range		County	Russell	State	KS	On Location		Finish	6:00 P.M.
Lease								Well No.		Owner					
Contractor								3		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					
Hole Size								T.D.		Jason Oil					
Csg.								Depth		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.								Shoe Joint		Cement Amount Ordered					
Meas Line								Displace		225 COM 3/CC 2/CR					
EQUIPMENT								Common		225					
Pumptrk								No.		Poz. Mix					
Bulktrk								No.		Gel.					
Bulktrk								No.		Calcium					
JOB SERVICES & REMARKS								Hulls							
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							
8 5/8 on bottom. Best Circulation.								Handling		238					
Mix 225 3K + Displace								Mileage							
Cement Circulation								FLOAT EQUIPMENT							
								Guide Shoe							
								Centralizer		8 5/8 Swage					
								Baskets							
								AFU Inserts							
								Float Shoe							
								Latch Down							
								Pumptrk Charge		Surface					
								Mileage		5					
								Tax							
								Discount							
X Signature								Total Charge							





**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

Jason Oil Company LLC

**36-13s-15w Russell**

PO Box 701  
Russell Ks 67665-0701

**Patterson #3**

Job Ticket: 54374

**DST#: 2**

ATTN: Jim Schoenberger, Ste

Test Start: 2013.11.19 @ 11:15:29

## GENERAL INFORMATION:

Formation: **Arbucle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 13:54:54

Time Test Ended: 18:49:53

Test Type: Conventional Bottom Hole (Reset)

Tester: Ray Schwager

Unit No: 70

**Interval: 3272.00 ft (KB) To 3304.00 ft (KB) (TVD)**

Reference Elevations: 1883.00 ft (KB)

Total Depth: 3304.00 ft (KB) (TVD)

1875.00 ft (CF)

Hole Diameter: 7.85 inches Hole Condition: Fair

KB to GR/CF: 8.00 ft

**Serial #: 8369 Inside**

Press @ Run Depth: 701.73 psig @ 3276.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2013.11.19

End Date:

2013.11.19

Last Calib.:

2013.11.19

Start Time: 11:15:29

End Time:

18:49:53

Time On Btm:

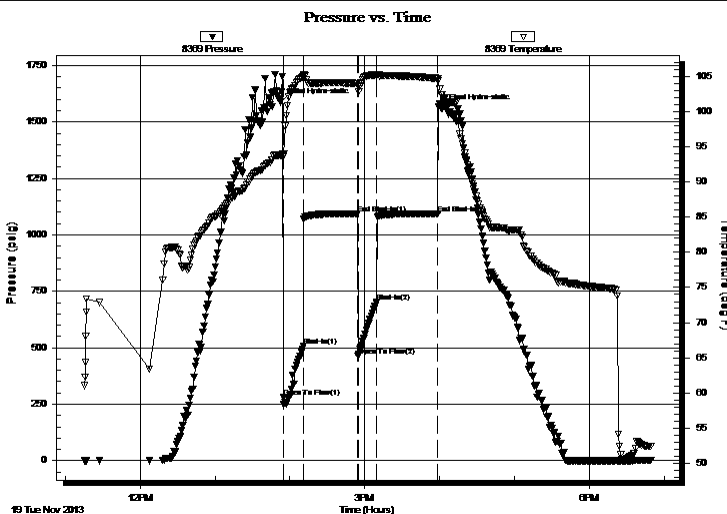
2013.11.19 @ 13:52:39

Time Off Btm:

2013.11.19 @ 16:01:53

**TEST COMMENT:** 15-IFP-strg bl in 2min  
45-ISIP-no bl  
15-FFP-strg bl in 1 1/2min  
45-FSIP-no bl

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1587.11	93.83	Initial Hydro-static
3	282.13	93.68	Open To Flow (1)
19	507.90	104.97	Shut-In(1)
62	1094.18	104.02	End Shut-In(1)
62	462.88	103.69	Open To Flow (2)
77	701.73	105.17	Shut-In(2)
126	1094.13	104.73	End Shut-In(2)
130	1560.62	102.43	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
175.00	GMO 5%G40%M55%O	2.45
560.00	CO	7.86
310.00	GM&WCO 20%G5%M10%W65%O	4.35
372.00	HO&GCMW 20%G5%M25%O50%W	5.22
186.00	Water	2.61

## Gas Rates

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

\* Recovery from multiple tests



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**FLUID SUMMARY**

Jason Oil Company LLC

**36-13s-15w Russell**

PO Box 701  
Russell Ks 67665-0701

**Patterson #3**

Job Ticket: 54374

**DST#: 2**

ATTN: Jim Schoenberger, Ste

Test Start: 2013.11.19 @ 11:15:29

## Mud and Cushion Information

Mud Type: Gel Chem  
Mud Weight: 9.00 lb/gal  
Viscosity: 60.00 sec/qt  
Water Loss: 7.92 in<sup>3</sup>  
Resistivity: ohm.m  
Salinity: 2000.00 ppm  
Filter Cake: 1.00 inches

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

Oil API: 29 deg API  
Water Salinity: 27000 ppm

## Recovery Information

Recovery Table

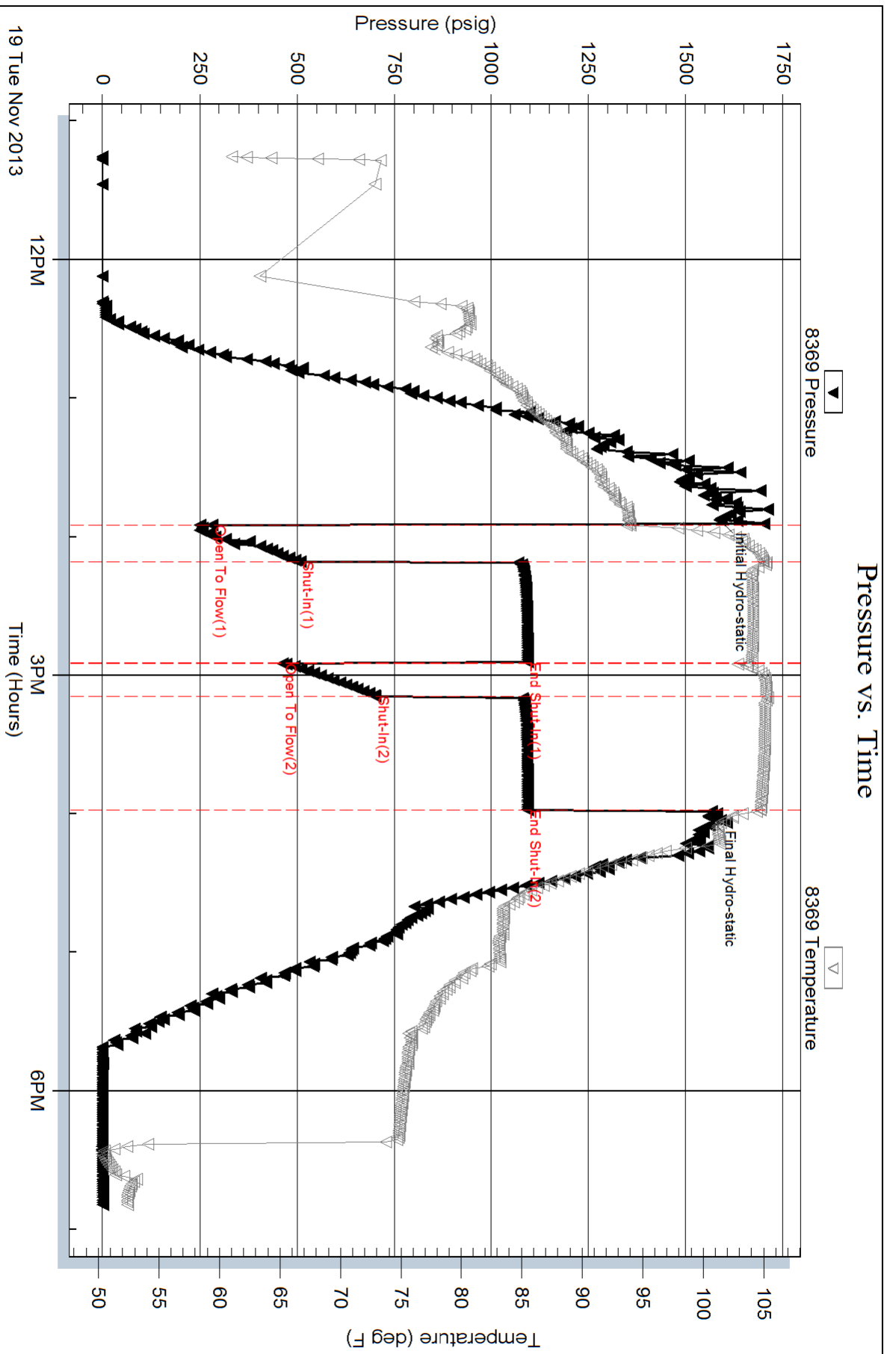
Length ft	Description	Volume bbl
175.00	GMO 5%G40%M55%O	2.455
560.00	CO	7.855
310.00	GM&WCO 20%G5%M10%W65%O	4.348
372.00	HO&GCMW 20%G5%M25%O50%W	5.218
186.00	Water	2.609

Total Length: 1603.00 ft      Total Volume: 22.485 bbl

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

Laboratory Name:      Laboratory Location:

Recovery Comments: RW .28@60F





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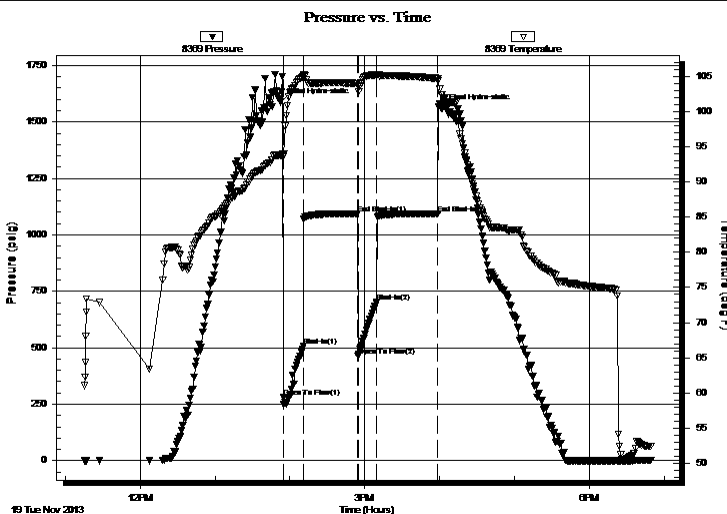
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Cushion Type:

Oil API:

29 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

27000 ppm

Viscosity: 60.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.92 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 2000.00 ppm

Filter Cake: 1.00 inches

## Recovery Information

Recovery Table

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