



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1201359  
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: \_\_\_\_\_

1201359

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

<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> _____ <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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

No. 7098

Phone 785-483-2025  
Well 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
3-27-14	3	13	14	Russell	KS		10:00 AM
				Location Springs 1/2 S. W. 10			

Lease	Schoenberger	Well No. #1	Owner
Contractor	Southwind	#1	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	Production	String	Charge To Jason Oil
Hole Size	7 7/8	T.D. 3200'	Street
Csg.	5 1/2	Depth 3195'	City
Tbg. Size		Depth	State
Tool		Depth	The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg.	21.00	Shoe Joint	21.00	Cement Amount Ordered	2000 com 10% salt 5% 1-1/2
Meas Line		Displace	75 1/2 bbl		

<b>EQUIPMENT</b>			Common
Pumptrk	18	No. Cementer Helper	Poz. Mix
Bulktrk	14	No. Driver	Gel.
Bulktrk	PU	No. Driver	Calcium

<b>JOB SERVICES &amp; REMARKS</b>			Hulls
Remarks:			Salt 18
Rat Hole	- 303		Flowseal
Mouse Hole	15		Kol-Seal 1000 #
Centralizers	- 1, 3, 5, 7, 9, 11 & 49		Mud CLR 48 - 500 Gal
Baskets	- 2 & 50		CFL-117 or CD110 CAF 38
D/V or Port Collar			Sand 228

Mud 500 Gal M.J.F.I			<b>FLOAT EQUIPMENT</b>
Plugged Rat & Mouse Hole			
Mixed 15 5/8 down 5 1/2			Guide Shoe
Displaced 75 1/2 bbl			Centralizer - 7
Lift pressure @ 700 lbs			Baskets - 2
Landed @ 1500 lbs			AFU Inserts
Plugged hole			Float Shoe - 1
			Latch Down - 1
			Rubber Plug - 1
			Pumptrk Charge prod string
			Mileage 5

Signature <i>Bret Pahl</i>			Tax
			Discount
			Total Charge





**DIAMOND TESTING, LLC**  
P.O. Box 157  
**HOISINGTON, KANSAS 67544**  
(620) 653-7550 • (800) 542-7313  
STC/Schoenberger1dst3

Company Jason Oil Company, LLC Lease & Well No. Schoenberger No. 1  
Elevation 1676 KB Formation Lansing/Kansas City "I" & "J" Effective Pay      Ft. Ticket No. J3211  
Date 3-25-14 Sec. 3 Twp. 13S Range 14W County Russell State Kansas  
Test Approved By Steve Reed Diamond Representative John C. Riedl

Formation Test No. 3 Interval Tested from 3,000 ft. to 3,058 ft. Total Depth 3,058 ft.  
Packer Depth 2,995 ft. Size 6 3/4 in. Packer Depth      ft. Size      in.  
Packer Depth 3,000 ft. Size 6 3/4 in. Packer Depth      ft. Size      in.  
Depth of Selective Zone Set      ft.

Top Recorder Depth (Inside) 3,003 ft. Recorder Number 30046 Cap. 6,000 psi.  
Bottom Recorder Depth (Outside) 3,055 ft. Recorder Number 13498 Cap. 6,000 psi.  
Below Straddle Recorder Depth      ft. Recorder Number      Cap.      psi.

Drilling Contractor Southwind Drilling, Inc. - Rig 1 Drill Collar Length 30 ft I.D. 2 1/4 in.  
Mud Type Chemical Viscosity 50 Weight Pipe Length      ft I.D.      in.  
Weight 9.0 Water Loss 8.0 cc. Drill Pipe Length 2,950 ft I.D. 3 1/2 in.  
Chlorides 5,000 P.P.M. Test Tool Length 20 ft Tool Size 3 1/2-IF in.  
Jars: Make Sterling Serial Number Not Run Anchor Length 28' perf. w/30' drill pipe Size 4 1/2-FH in.  
Did Well Flow? No Reversed Out No Surface Choke Size 1 in. Bottom Choke Size 5/8 in.  
Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2-XH in.

Blow: 1st Open: Strong blow increasing. Off bottom of bucket in 10 mins. No blow back during shut-in.  
2nd Open: Strong blow increasing. Off bottom of bucket in 20 mins. No blow back during shut-in.

Recovered 250 ft. of gas in pipe  
Recovered 20 ft. of clean oil = .284600 bbls. (Gravity: 34 @ 60°)  
Recovered 120 ft. of slightly mud cut, gassy oil = 1.428300 bbls. (Grind out: 15%-gas; 80%-oil; 5%-mud)  
Recovered 140 ft. of TOTAL FLUID = 1.712900 bbls.  
Recovered      ft. of       
Recovered      ft. of       
Remarks Tool Sample Grind Out: 100%-oil

Time Set Packer(s) 9:00 P.M. Time Started off Bottom 11:30 P.M. Maximum Temperature 92°  
Initial Hydrostatic Pressure.....(A) 1450 P.S.I.  
Initial Flow Period.....Minutes 30 (B) 22 P.S.I. to (C) 39 P.S.I.  
Initial Closed In Period.....Minutes 45 (D) 280 P.S.I.  
Final Flow Period.....Minutes 30 (E) 42 P.S.I. to (F) 55 P.S.I.  
Final Closed In Period.....Minutes 45 (G) 234 P.S.I.  
Final Hydrostatic Pressure.....(H) 1425 P.S.I.

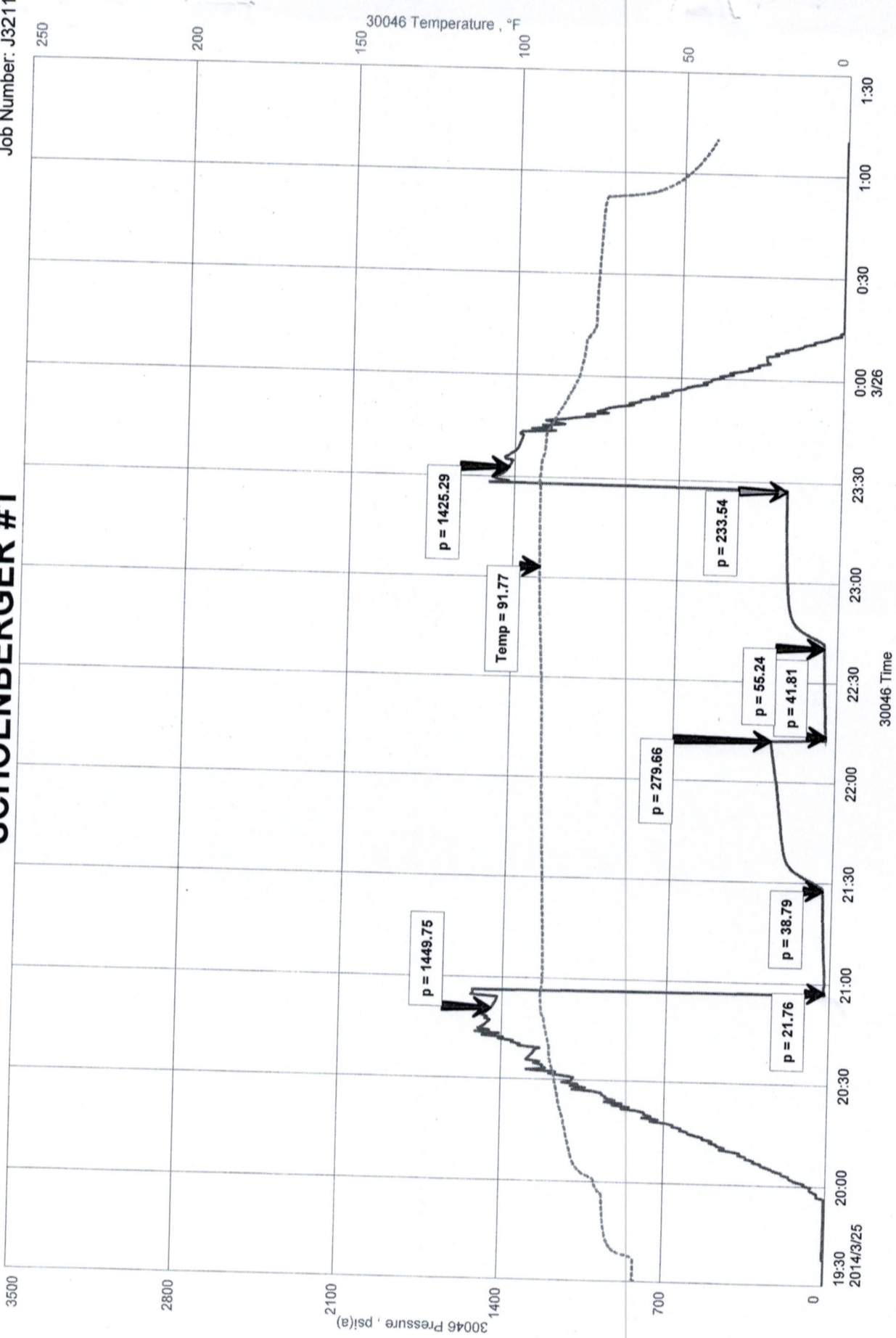




JASON OIL CO. LLC  
Start Test Date: 2014/03/25  
Final Test Date: 2014/03/26

SCHOENBERGER #1  
Formation: LKC "I,J"  
Job Number: J3211

# SCHOENBERGER #1





# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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

No. 487

483-2025  
324-1041

Well No.	Sec.	Twp.	Range	County	State	On Location	Finish
1	3	13	14	Russell	KS	IN 1/4 W	7.45 AM
Location				281 Russell			

Case: Schoenberger  
 Contractor: South Wind  
 Well No.: 1  
 Owner: 3N Winto  
 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.: 597  
 Charge To: Jason Oil  
 Csg.: 5/8  
 Depth: [blank]  
 Street: [blank]  
 City: [blank] State: [blank]

Log. Size: [blank]  
 Depth: [blank]  
 Tool: [blank]  
 Depth: [blank]  
 The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg.: [blank]  
 Shoe Joint: [blank]  
 Cement Amount Ordered: 2600  
 Meas Line: Displace 30.50 BM  
 Common 260

EQUIPMENT			
Pumptrk	No.	Cementer	Pos. Mix
		Helper	
Bulktrk	No.	Driver	Gel.
		Driver	5
Bulktrk	No.	Driver	Calcium
		Driver	9

**JOB SERVICES & REMARKS**

Remarks: [blank]  
 Rat Hole [blank]  
 Mouse Hole [blank]  
 Centralizers [blank]  
 Baskets [blank]  
 D/V or Port Collar [blank]

*Cement did  
 Circulate*

Handling: 274  
 Mileage: [blank]

**FLOAT EQUIPMENT**

Guide Shoe [blank]  
 Centralizer [blank]  
 Baskets [blank]  
 AFU Inserts [blank]  
 Float Shoe [blank]  
 Latch Down [blank]

Pumptrk Charge: Long Surface  
 Mileage: 5

Tax [blank]  
 Discount [blank]  
 Total Charge [blank]

X Signature: *Frank [unclear]*

