



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1212052
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: _____

1212052

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Jason Oil Company, LLC
Well Name	SCHOENBERGER 5
Doc ID	1212052

Tops

Name	Top	Datum
ANHYDRITE	724	+1003
TARKIO	2392	-665
TOPEKA	2623	-896
HEEBNER	2849	-1122
TORONTO	2868	-1141
DOUGLAS	2881	-1154
LKC	2908	-1181
BKC	3135	-1408
ARBUCKLE	3230	-1503

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. 419

Date	U-25-14	Sec.	32	Twp.	14	Range	14	County	Russell	State	115	On Location	1.30pm	Finish	7.45pm
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Location Jim house to S Winkle

Lease	Schoen Berack	Well No.	#5	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	Southwind		6	Charge To	
Type Job	Long Surface	T.D.	730	Street	JASON OIL
Hole Size	12 3/4	Depth	730	City	JASON State OIL
Csg.	8 5/8	Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
Tbg. Size		Depth		Cement Amount Ordered	3845 3800
Tool		Depth		Meas Line	Displace U5 1/4 BBL 280501 WATKIN
Cement Left in Csg.	18	Shoe Joint	18		

EQUIPMENT

Pumptrk	20	No.	Cementer	Helper	Math	Common
Bulktrk	9	No.	Driver	Driver	Mich	Poz. Mix
Bulktrk		No.	Driver	Driver		Gel. 7
		No.	Driver	Driver		Calcium 12

JOB SERVICES & REMARKS

Remarks:	Schoenberger #5	Hulls	
Rat Hole		Salt	
Mouse Hole		Flowseal	80#
Centralizers		Kol-Seal	
Baskets		Mud CLR 48	
D/V or Port Collar		CFL-117 or CD110 CAF 38	
		Sand	
		Handling	344
		Mileage	5 1/2

Cement did Circulate

FLOAT EQUIPMENT

		Guide Shoe	
		Centralizer	
		Baskets	
		AFU Inserts	
		Float Shoe	
		Latch Down	
		Baffle plate	
		Rubber plug	
		Pumptrk Charge	Long Surface
		Mileage	9

Quality Oilwell Cementing

X Signature		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. 114

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
4-30-14	32	14	14	Russell	KANSAS		11:30 AM
				Location Russell KS SS 2 W 3/4 S 1/4 W			

Lease	SCHOENBERGER	Well No.	5	Owner	To Quality Oilwell Cementing, Inc.
Contractor	SOUTHWIND DRILLING	Rig #	6	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	RTD	30	Charge To	JASON OIL COMPANY LLC
Hole Size	7 7/8	T.D.	3228	Street	
Csg.	5 1/2 NEHD	Depth	3220'	City	State
Tbg. Size	15 5/8 #CSG.	Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
Tool	LATCH DOWN PLUG	Depth	3200'	Cement Amount Ordered 200SX COM. 10% SALT 5% GEL	
Cement Left in Csg.	20	Shoe Joint	20'	Meas Line Displace 76 BBL 500 GAL MUD - CLEAN	

EQUIPMENT

Pumptrk	18	No.	Cementor Helper	Gibby G. / Cody B. / Lorie M.	Common	200
Bulktrk	3	No.	Driver		Poz. Mix	
Bulktrk		No.	Driver		Gel.	
Bulktrk		No.	Driver		Calcium	

JOB SERVICES & REMARKS

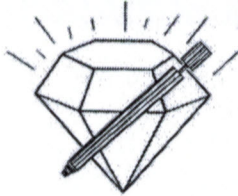
Remarks:	JT'S 007 15, 18, 24	Hulls	
Rat Hole		Salt	17
Mouse Hole	30 SX	Flowseal	
Centralizers	1, 2, 4, 6, 8, 19 14	Kol-Seal	1000#
Baskets	04 #2 THROD @ 3197'	Mud CLR 48	500 GAL
D/V or Port Collar		CFL-117 or CD110 CAF 38	
RAN 77 used 15 5/8 csg Set @ 3220'		Sand	
Received Circulation Deep AFU BALL.		Handling	227
CIRCULATE 1 HR. PUMP MUD		Mileage	5 1/2

FLOAT EQUIPMENT

Clean. & Cement w/ 170 SX		Guide Shoe	
COM. 10% SALT 5% GEL 5% PER SX		Centralizer	7 TURBO
Clear line, Release LATCH-		Baskets	1
Down Plug & Displace @		AFU Inserts	
TOTAL 8 1/2 76 BBL 11.0		Float Shoe	1
AND Plug @ 1250 FT, Release		Latch Down	1
PRESSURE & FLOAT-Plug			

THANK'S

Pumptrk Charge	Prod String	Tax	
Mileage	9	Discount	
Signature	[Signature]	Total Charge	



DIAMOND TESTING, LLC
P.O. Box 157
HOISINGTON, KANSAS 67544
(620) 653-7550 • (800) 542-7313
Schoenberger5DST1

Company Jason Oil Company, LLC Lease & Well No. Schoenberger No. 5
Elevation 1730 KB Formation Tarkio Sand Effective Pay _____ Ft. Ticket No. A050
Date 4-27-14 Sec. 32 Twp. 14S Range 14W County Russell State Kansas
Test Approved By Steve Reed Diamond Representative Andy Carreira

Formation Test No. 1 Interval Tested from 2,300 ft. to 2,455 ft. Total Depth 2,455 ft.
Packer Depth 2,295 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
Packer Depth 2,300 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) 2,288 ft. Recorder Number 5585 Cap. 5,000 psi.
Bottom Recorder Depth (Outside) 2,302 ft. Recorder Number 8471 Cap. 10,000 psi.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor Southwind Drilling, Inc. - Rig 6 Drill Collar Length _____ ft I.D. _____ in.
Mud Type Chemical Viscosity 51 Weight Pipe Length _____ ft I.D. _____ in.
Weight 8.7 Water Loss 8.0 cc. Drill Pipe Length 2,275 ft I.D. 3 1/2 in.
Chlorides 2,000 P.P.M. Test Tool Length 25 ft Tool Size 3 1/2-IF in.
Jars: Make Sterling Serial Number Not Run Anchor Length 155 ft. 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: 6 in. blow increasing. Off bottom of bucket in 16 mins. No blow back during shut-in.
2nd Open: 6 in. blow increasing. Off bottom of bucket in 7 mins. No blow back during shut-in.

Recovered 35 ft. of gas in pipe
Recovered 88 ft. of oil cut gassy mud = 1.252240 bbls. (Grind out: 10%-gas; 10%-oil; 80%-mud)
Recovered 88 ft. of TOTAL FLUID = 1.252240 bbls.
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Remarks Tool Sample Grind Out: Trace-oil; 100%-mud

Time Set Packer(s) 11:04 P.M. Time Started off Bottom 1:34 A.M. Maximum Temperature 91°
Initial Hydrostatic Pressure.....(A) 1055 P.S.I.
Initial Flow Period.....Minutes 30 (B) 14 P.S.I. to (C) 31 P.S.I.
Initial Closed In Period.....Minutes 45 (D) 641 P.S.I.
Final Flow Period.....Minutes 30 (E) 34 P.S.I. to (F) 41 P.S.I.
Final Closed In Period.....Minutes 45 (G) 530 P.S.I.
Final Hydrostatic Pressure.....(H) 1035 P.S.I.

DIAMOND TESTING, LLC

TESTER : ANDY CARREIRA
CELL # 620-617-7202

General Information

Company Name	JASON OIL CO LLC	Job Number	A050
Contact	JIM SCHOENBERGER	Representative	ANDY CARREIRA
Well Name	SCHOENBERGER 5	Well Operator	JASON OIL CO LLC
Unique Well ID	DST 1 TARKIO SAND 2300-2455	Report Date	2014/04/27
Surface Location	SEC 32-14S-14W RUSSELL CNTY,KS	Prepared By	ANDY CARREIRA
Well License Number			
Field	WILDCAT		
Well Type	Vertical		

Test Information

Test Type	CONVENTIONAL
Formation	DST 1 TARKIO SAND 2300-2455
Well Fluid Type	01 Oil
Test Purpose	Initial Test

Start Test Date	2014/04/27	Start Test Time	21:15:00
Final Test Date	2014/04/28	Final Test Time	02:58:00

Gauge Name	5585
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Test Results

RECOVERY: 35' GIP
 88' OCGM 10%G, 10%O, 80%M
 88' TOTAL FLUID

TOOL SAMPLE: TRACE OIL, MUD

JASON OIL CO LLC
DST 1 TARKIO SAND 2300-2455
Start Test Date: 2014/04/27
Final Test Date: 2014/04/28

SCHOENBERGER
Formation: DST 1 TARKIO SAND 2300-2
Pool: WILDC
Job Number: A

SCHOENBERGER 5

