



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238508
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: _____



1238508

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

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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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
785-324-1041

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

No. 1357

Date	Sec.	Twp.	Range	County	State	On Location	Finish
12-1-14	28	14	14	Russell	KS		9:30AM

Location *Jim's House 1/2 N E 2*

Lease <i>Flegler</i>	Well No. <i>5</i>	Owner
Contractor <i>Southwind #9</i>		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 <i>long string</i>		Charge To <i>Jason Oil</i>
Hole Size <i>7 7/8</i>	T.D. <i>3280</i>	
Csg. <i>5 1/2 15 1/2 #</i>	Depth <i>3281</i>	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 <i>1432</i>	Cement Amount Ordered <i>200sx com, 10% salt, 5% oil soluble</i>
Meas Line	Displace <i>77 1/2 bbl</i>	

EQUIPMENT

Pumptrk <i>17</i>	No. Cementer	Common <i>300</i>
	Helper <i>LENNIE</i>	Poz. Mix
Bulktrk <i>3</i>	No. Driver	Gel.
	Driver <i>TRAVIS</i>	Calcium
Bulktrk <i>pu</i>	No. Driver	
	Driver <i>TRAVIS</i>	

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole <i>30 ex</i>	Salt <i>17</i>
Mouse Hole <i>15 ex</i>	Flowseal
Centralizers <i>2,4,6,58</i>	Kol-Seal <i>1000 #</i>
Baskets	Mud CLR 48 <i>300 gal</i>
D/V or Port Collar	CFL-117 or CD110 CAF 38
	Sand

*Pipe on bottom. 1/2 hr. Circulation Pumped
500 gal Mud CLR 48 with 70 bbl fw behind
it. Plugged rat hole with 30 ex. H. behind
3/4 and mixed 175 ex shut down and with
Pump and lines. Released plug and displaced
with 77 1/2 bbl fw. Plug let set and held.*

FLOAT EQUIPMENT

	Handling <i>227</i>
	Mileage
	Guide Shoe
	Centralizer <i>4 turbos</i>
	Baskets
	AFU Inserts
	Float Shoe <i>1</i>
	Latch Down <i>1</i>

Plug let set at 1500 psi

	Pumptrk Charge <i>pral string</i>	Tax
	Mileage <i>7</i>	Discount
		Total Charge
X Signature <i>[Signature]</i>		

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	Float Shoe <i>1</i>
	Latch Down <i>1</i>

Plug let set at 1500 psi

	Pumptrk Charge <i>pral string</i>
	Mileage <i>7</i>

	Tax
	Discount
	Total Charge

X Signature *[Signature]*



DIAMOND TESTING, LLC
 P.O. Box 157
HOISINGTON, KANSAS 67544
 (620) 653-7550 • (800) 542-7313
 FLEGLER#5DST1

Company Jason Oil Company, LLC Lease & Well No. Flegler No. 5
 Elevation 1803 KB Formation Toronto/Lansing "D" Effective Pay Ft. Ticket No. JB05
 Date 11-28-14 Sec. 28 Twp. 14S Range 14W County Russell State Kansas
 Test Approved By Steve Reed Diamond Representative Jeff Brown

Formation Test No. 1 Interval Tested from 2,890 ft. to 3,020 ft. Total Depth 3,020 ft.
 Packer Depth 2,885 ft. Size 6 3/4 in. Packer Depth ft. Size in.
 Packer Depth 2,890 ft. Size 6 3/4 in. Packer Depth ft. Size in.
 Depth of Selective Zone Set ft.

Top Recorder Depth (Inside) 2,878 ft. Recorder Number 0060 Cap. 5,000 psi.
 Bottom Recorder Depth (Outside) 2,990 ft. Recorder Number 5517 Cap. 5,000 psi.
 Below Straddle Recorder Depth ft. Recorder Number Cap. psi.

Drilling Contractor Southwind Drilling, Inc. - Rig 8 Drill Collar Length 31 ft. I.D. 2 1/4 in.
 Mud Type Chemical Viscosity 61 Weight Pipe Length ft. I.D. in.
 Weight 9.2 Water Loss 8.0 cc. Drill Pipe Length 2,834 ft. I.D. 3 1/2 in.
 Chlorides 5,000 P.P.M. Test Tool Length 25 ft. Tool Size 3 1/2-IF in.
 Jars: Make Sterling Serial Number Not Run Anchor Length 130 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: Weak blow increasing to 3 1/2 ins. No blow back during shut-in.
 2nd Open: Fair blow increasing to 6 1/2 ins. No blow back during shut-in.

Recovered 73 ft. of gas in pipe
 Recovered 53 ft. of very slightly oil cut mud = .465580 bbls. (Grind out: 2%-oil; 98%-mud)
 Recovered 53 ft. of TOTAL FLUID = .465580 bbls.
 Recovered ft. of
 Recovered ft. of
 Recovered ft. of
 Remarks Tool Sample Grind Out: 2%-oil; 98%-mud

Time Set Packer(s) 3:14 P.M. Time Started off Bottom 6:14 P.M. Maximum Temperature 95°
 Initial Hydrostatic Pressure.....(A) 1474 P.S.I.
 Initial Flow Period.....Minutes 30 (B) 70 P.S.I. to (C) 99 P.S.I.
 Initial Closed In Period.....Minutes 45 (D) 225 P.S.I.
 Initial Flow Period.....Minutes 45 (E) 75 P.S.I. to (F) 86 P.S.I.
 Initial Closed In Period.....Minutes 60 (G) 218 P.S.I.
 Initial Hydrostatic Pressure.....(H) 1427 P.S.I.



Hoisington, Kansas

JEFF BROWN
620-617-6373
brown.dtlc@gmail.com

General Information

Company Name **JASON OIL COMPANY, LLC**

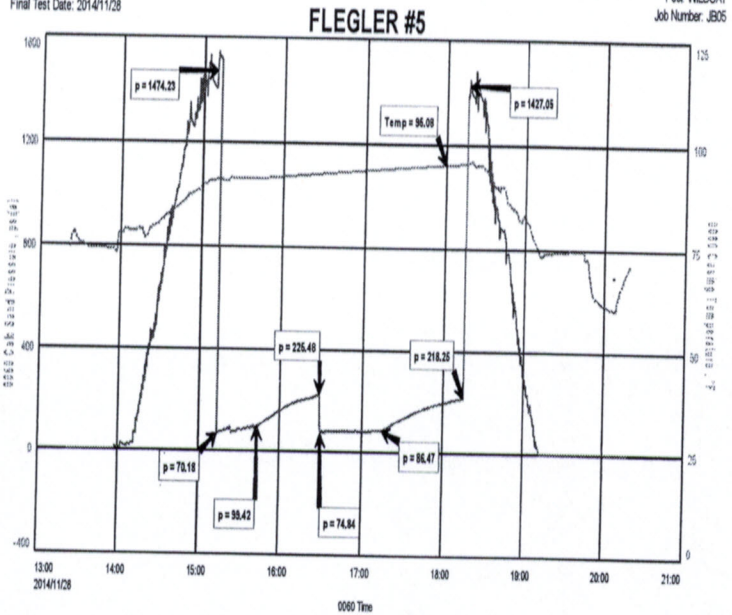
Test Information

Contact
 Well Name
 Unique Well ID
 Surface Location
 Field
 Well Operator
 Test Type
 Formation
 Well Fluid Type
 Test Purpose (AEUB)
 Start Test Date
 Start Test Time
 Final Test Date
 Final Test Time
 Job Number
 Representative
 Prepared By
 Report Date

AMBER MORESCO
FLEGLER #5
DST 1 TORONTO-LANS "D" 2890-3020
SEC 28-14S-14W-RUSSELL CNTY, KS
WILDCAT
JASON OIL COMPANY, LLC
Drill Stem Test
DST 1 TORONTO-LANS "D"2890-3020
01 Oil
Initial Test
2014/11/28
13:22:00
2014/11/28
20:19:00
JB05
JEFF BROWN
JEFF BROWN
2014/11/28

JASON OIL COMPANY, LLC
 DST 1 TORONTO-LANS "D" 2890-3020
 Start Test Date: 2014/11/28
 Final Test Date: 2014/11/28

FLEGLER #5
 Formation: DST 1 TORONTO-LANS "D" 2890-3020
 Pool: WILDCAT
 Job Number: JB05



FLUID RECOVERY

FLUID RECOVERY: 73' GIP
53' VSOCM 2% OIL, 98% MUD
53' TOTAL FLUID

TOOL SAMPLE: VSOCM 2% OIL, 98% MUD

JASON OIL COMPANY, LLC
DST 1 TORONTO-LANS "D" 2890-3020
Start Test Date: 2014/11/28
Final Test Date: 2014/11/28

Formation: DST 1 TORONTO-LANS "D" 2890-3020
FLEGLER #5
Pool: WILDCAT
Job Number: JBC

FLEGLER #5

