



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1240075
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: _____



1240075

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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Form	ACO1 - Well Completion
Operator	Jason Oil Company, LLC
Well Name	STRACHAN 3
Doc ID	1240075

Tops

Name	Top	Datum
ANHYDRITE	732	1061
GRAND HAVEN	2294	-501
TARKIO LIME	2365	-572
HEEBNER	2874	-1081
TORONTO	2892	-1099
LANSING	2939	-1148
BASE KC	3210	-1417
ARBUCKLE	3232	-1439



Musgrove

Petroleum Geology
212 Main Street, Claflin KS

Geologist's Report

Company: Jason Oil Company, LLC
 Lease: Strachan #3
 Field: Hall-Gurney
 Surface Location: 920' FNL & 1420' FWL
 Sec: 22 Twp: 14S Rge: 13W
 County: Russell State: Kansas
 GL: 1784' KB: 1793'

Contractor: Southwind Drilling Rig #8
 Spud: 11/16/14 Comp: 11/21/14
 RTD: 3325' LTD: 3325'
 Mud Up: +/- 2300' Mud Type: Chemical Displaced

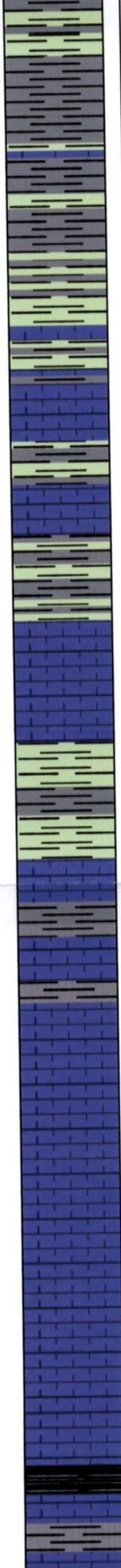
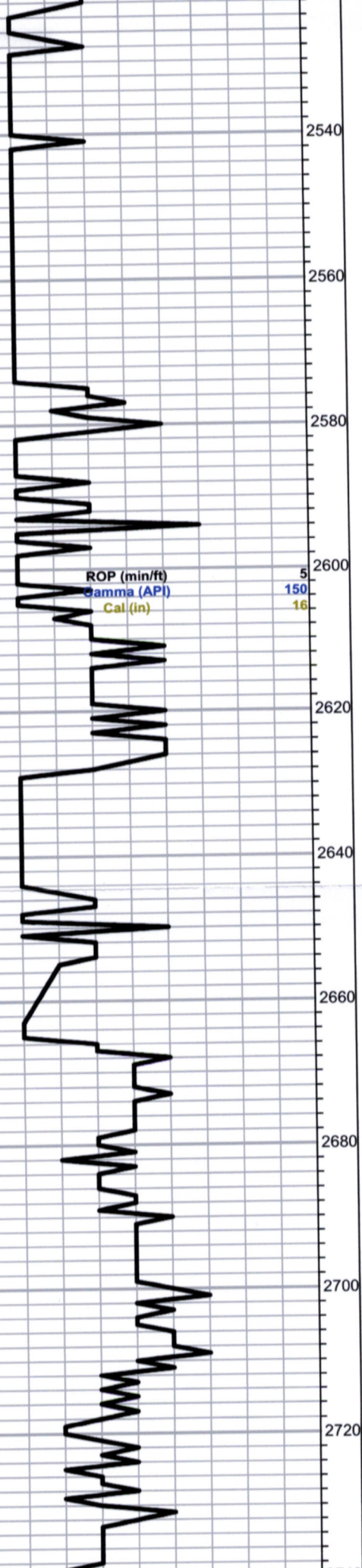
Drilling Time Kept From: 2200' to RTD
 Samples Saved From: 2300' to RTD
 Samples Examined: 2300' to RTD
 Geological Supervision: 2315' to RTD
 Geologist on Well: Kurt Talbott and Clint Musgrove

Surface Casing: 8 5/8"@ 431'
 Production Casing: 5 1/2" @

Wireline Logs: By Gemini: CDL/CNL, DIL, MEL

Well Comparison

	WELL BEING DRILLED		OFFSET		OFFSET	
	LD	LD SS	MD	SS	LD	SS
	JASON OIL		BOXBERGER		CRA, INC	
	STRACHAN #3		JONES #2		#5 JONES A	
	1793 KB		1811 KB		1744 KB	
FORMATION	LD	LD SS	MD	SS	LD	SS
ANHYDRITE	732	1061	750	1059		
BASE ANHYDRITE	768	1025				
GRAND HAVEN	2294	-501	2310	-512		
ST TARKIO SAND			2324	-536	2252	-508
TARKIO LIME	2365	-572	2381	-570	2311	-587
DOPEKA	2640	-847	2656	-845	2584	-840



Ls- A/A
Shale- gry/grn-soft

Shale- A/A silty

Howard 2574.0 (-781.0)
-781.0

Ls-crm/lt gry, fxln, granular, fossils,
poor vis por, chalky
Grey Shale Abundant

Ls-gry/tan, fxln, fossils, poor scattered
por, chalky
Shale A/A

Ls-grytan, fxln, fossils, poor scatered
iner xln por, Chalky

Shale-gry-soft

Topeka 2643.0 (-850.0)
-847.0

Ls-crm/gry, fxln, few fossils, poor vis
por, cherty

Ls-crm/tan, fxln, few fossils, poor vis
por, cherty in part,

Shale-gry/blk slightly silty

Ls-tan/gry, fxln, fossils, poor scattered
iner xln por, chalky

A/A Cherty in part

Ls-tan/gry, fxln, ool/fossils, cherty in
part, poor vis por

Trace black carbon shale

0	Total Gas (units)	100
0	C1 (units)	100
0	C2 (units)	100
0	C3 (units)	100
0	C4 (units)	100



DIAMOND TESTING, LLC
P.O. Box 157
HOISINGTON, KANSAS 67544
(620) 653-7550 • (800) 542-7313
STRACHAN#3DST#2

Company Jason Oil Company, LLC Lease & Well No. Strachan No. 3
Elevation 1793 KB Formation Arbuckle Effective Pay _____ Ft. Ticket No. JB02
Date 11-21-14 Sec. 22 Twp. 14S Range 13W County Russell State Kansas
Test Approved By Kurt M. Talbott Diamond Representative _____ Jeff Brown

Formation Test No. 2 Interval Tested from 3,196 ft. to 3,238 ft. Total Depth 3,238 ft.
Packer Depth 3,191 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
Packer Depth 3,196 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) 3,184 ft. Recorder Number 0060 Cap. 5,000 psi.
Bottom Recorder Depth (Outside) 3,198 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 122 ft I.D. 2 1/4 in.
Mud Type Chemical Viscosity 50 Weight Pipe Length _____ ft I.D. _____ in.
Weight 9.3 Water Loss 8.0 cc. Drill Pipe Length 3,049 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 42 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: Fair blow increasing to 6 1/2 ins. No blow back during shut-in.
2nd Open: Fair blow increasing to 6 ins. No blow back during shut-in.

Recovered 63 ft. of gassy oil = .896490 bbls. (Grind out: 5%-gas; 95%-oil)
Recovered 153 ft. of gas & oil cut mud = 1.041370 bbls. (Grind out: 10%-gas; 30%-oil; 60%-mud)
Recovered 216 ft. of TOTAL FLUID = 1.937860 bbls.
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Remarks Tool Sample Grind Out: 10%-gas; 30%-oil; 60%-mud

Time Set Packer(s) 8:05 A.M. Time Started off Bottom 11:05 A.M. Maximum Temperature 94°
Initial Hydrostatic Pressure.....(A) 1582 P.S.I.
Initial Flow Period.....Minutes 30 (B) 16 P.S.I. to (C) 66 P.S.I.
Initial Closed In Period.....Minutes 45 (D) 1083 P.S.I.
Final Flow Period.....Minutes 45 (E) 67 P.S.I. to (F) 97 P.S.I.
Final Closed In Period.....Minutes 60 (G) 1081 P.S.I.
Final Hydrostatic Pressure.....(H) 1550 P.S.I.



Hoisington, Kansas

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

General Information

Company Name JASON OIL COMPANY, LLC

Test Information

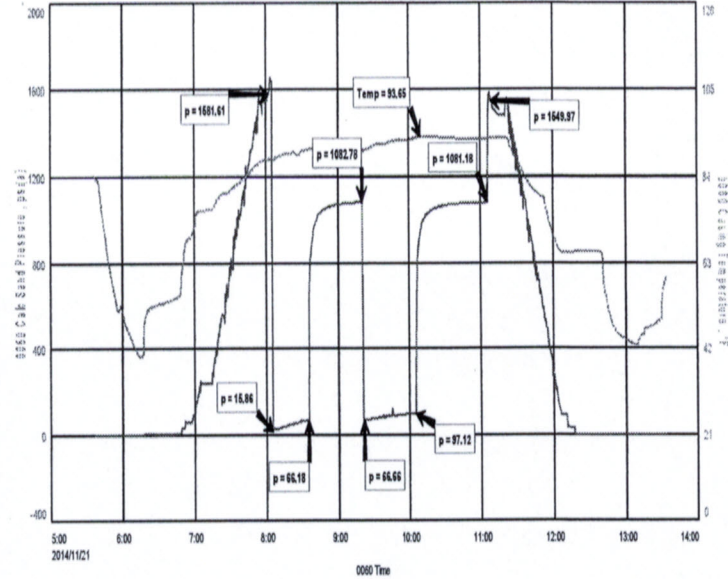
Contact
 Well Name
 Unique Well ID
 Surface Location
 Field
 Well Operator
 Test Type
 Formation
 Well Fluid Type
 Test Purpose (AEUB)
 Start Test Date
 Start Test Time
 Final Test Date
 Final Test Time
 Job Number
 Representative
 Prepared By
 Report Date

AMBER MORESCO
 STRACHAN #3
 DST #2 ARBUCKLE 3196-3238
 SEC 22-14S-13W-RUSSELL CNTY, KS
 WILDCAT
 JASON OIL COMPANY, LLC
 Drill Stem Test
 DST #2 ARBUCKLE 3196-3238
 01 Oil
 Initial Test
 2014/11/21
 05:37:00
 2014/11/21
 13:35:00
 JB02
 JEFFBROWN
 JEFF BROWN
 2014/11/21

JASON OIL COMPANY, LLC
 DST #2 ARBUCKLE 3196-3238
 Start Test Date: 2014/11/21
 Final Test Date: 2014/11/21

STRACHAN #3
 Formation: DST #2 ARBUCKLE 3196-3238
 Pool: WILDCAT
 Job Number: JB02

STRACHAN #3



FLUID RECOVERY

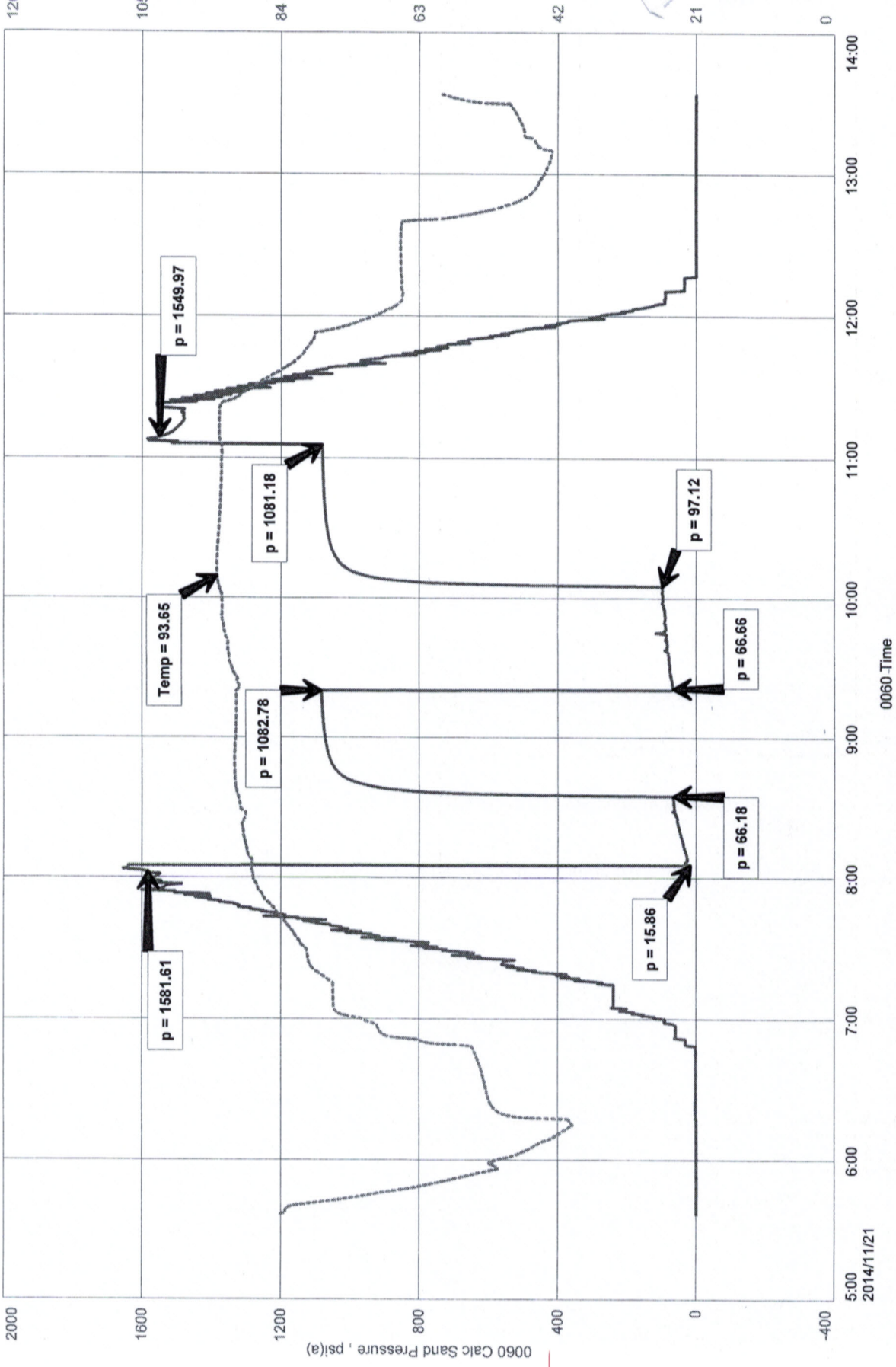
63' GASSY OIL 5% G, 95% O
 153' GOCM 10% G, 30% O, 60% M
 216' TOTAL FLUID

TOOL SAMPLE: GOCM 10% G, 30% O, 60% M

JASON OIL COMPANY, LLC
DST #2 ARBUCKLE 3196-3238
Start Test Date: 2014/11/21
Final Test Date: 2014/11/21

STRACHAN
Formation: DST #2 ARBUCKLE 3196-3238
Pool: WILD
Job Number: J

STRACHAN #3



QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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

No. 904

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

Date	11-16-14	Sec.	22	Twp.	14	Range	13	County	Russell	State	KS	On Location		Finish	4:30 AM
								Location	Pioneer & Plymouth Rd 1 1/2 E						

Lease Strachan Well No. #3 Owner

Contractor Southwind #8 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 Charge To Jason Oil

Hole Size 12 1/4 T.D. 431'

Csg. 4 5/8 Depth 431' 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. 30' Shoe Joint Cement Amount Ordered 225 com 3% CC 2% Gel

Meas Line Displace 25 1/2 bbl

EQUIPMENT

Pumptrk 5 No. Cementer Craig Common

Bulktrk 14 No. Helper Chad Poz. Mix

Bulktrk Pa No. Driver Brett Gel.

Driver Brett Calcium

JOB SERVICES & REMARKS

Remarks: Hulls

Rat Hole Salt

Mouse Hole Flowseal

Centralizers Kol-Seal

Baskets Mud CLR 48

D/V or Port Collar CFL-117 or CD110 CAF 38

Handling Sand

Mileage

FLOAT EQUIPMENT

Guide Shoe

Centralizer

Baskets

AFU Inserts

Float Shoe

Latch Down

Pumptrk Charge

Mileage

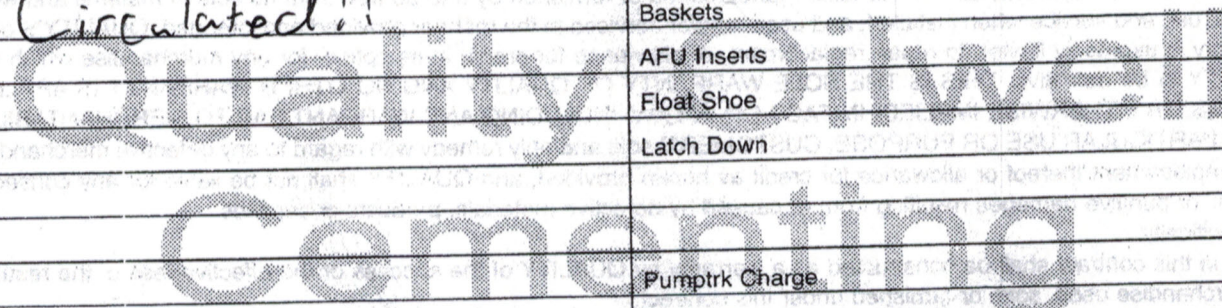
Tax

Discount

Total Charge

Signature

Cement Circulated!!



QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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

No. 899

Phone 785-483-2025

Fax 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
11-22-14	22	14	13	Russell	KS		12:45 PM

Location *Pioneer Rd, S to Plymouth Rd, 1/2 E*

Lease *Strachen* Well No. *3* Owner

Contractor *Southwind* *8* 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 *long string* Charge To *Jason Oil*

Hole Size *7 7/8* T.D. *3325* Street

Csg. *5 1/2 #14* Depth *3305* City State

Tbg. Size Depth The above was done to satisfaction and supervision of owner agent or contractor.

Tool Depth Cement Amount Ordered *245sx com, 10% salt, 5%*

Cement Left in Csg. Shoe Joint *21.50* Cement Amount Ordered

Meas Line Displace *80661* *Gilsonite*

EQUIPMENT

No.	Cementer	Helper	Common
<i>17</i>		<i>Loonie w.</i>	<i>245</i>

No.	Driver	Pos. Mix
<i>15</i>	<i>Doug</i>	

No.	Driver	Gel.
<i>14</i>	<i>Travis</i>	

JOB SERVICES & REMARKS

Remarks: Halls

Rat Hole *30* Salt *2*

Mouse Hole *15* Flowseal

Centralizers *1,3,5,7,9,11,13,19,21* Kol-Seal *1225 #*

Baskets *7* Mud CLR 48 *300 gal*

D/V or Port Collar CFL-117 or CD110 CAF 38

Pipe on bottom broke circulation. Pumped Sand

500 gal Mud CLR 48 with 10lb fw barrel + Handling

Plugged Rat hole with 30 sx and Mouse Mileage

hole with 15sx. Hooped to 5 1/2 and

Mixed 200 sx shut down and washed

Pump and hoses. Released plug and displaced

with 80661 fw plug barrel and sheel.

FLOAT EQUIPMENT

Lift pressure *800 psi* Guide Shoe

Plug landed at *1500 psi* Centralizer *7 turbos, 2 Reg*

Baskets *1* AFU Inserts

Float Shoe *1* Latch Down *1*

Pumptrk Charge *prod string*

Mileage *7*

Tax

Discount

Total Charge

X Signature *Steve Robert*