



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1250594
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: _____



1250594

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: 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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Jason Oil Company, LLC
Well Name	MILLER 1
Doc ID	1250594

All Electric Logs Run

BCS
CDNL
DIL
ML

Form	ACO1 - Well Completion
Operator	Jason Oil Company, LLC
Well Name	MILLER 1
Doc ID	1250594

Tops

Name	Top	Datum
ANHYDRITE	563	1197
GRAND HAVEN	2155	-395
TARKIO LIME	2232	-472
TOPEKA	2474	214
HEEBNER	2753	-993
TORONTO	2771	-1011
LKC	2863	-1103
ARBUCKLE	3219	-1459

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. 1406

Date	Sec.	Twp.	Range	County	State	On Location	Finish
4-13-15	12	14	11	Russell	KS		5:00PM

Location Wilson W to 204 Rd, Nn 2

Lease <u>Miller</u>	Well No. <u>1</u>	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 <u>Southwind 8</u>		
Type Job <u>Surface</u>		
Hole Size <u>12 1/4</u>	T.D. <u>350</u>	Charge To <u>Jason Oil</u>
Csg. <u>8 5/8</u>	Depth <u>350</u>	Street
Tbg. Size	Depth	City
Tool	Depth	State
Cement Left in Csg.	Shoe Joint <u>20</u>	The above was done to satisfaction and supervision of owner agent or contractor.
Meas Line	Displace <u>20.661</u>	Cement Amount Ordered <u>180 sx 80/20, 3%cc, 2%gel</u>

EQUIPMENT

Pumptrk <u>17</u>	No. Cementer	Common
	Helper <u>Lannie</u>	Poz. Mix
Bulktrk <u>9</u>	No. Driver	Gel.
	Driver <u>Doug</u>	Calcium
Bulktrk <u>14</u>	No. Driver	Hulls
	Driver <u>Travis</u>	Salt

JOB SERVICES & REMARKS

Remarks: <u>Cement did circulate</u>	Flowseal
Rat Hole	Kol-Seal
Mouse Hole	Mud CLR 48
Centralizers	CFL-117 or CD110 CAF 38
Baskets	Sand
D/V or Port Collar	Handling

FLOAT EQUIPMENT

	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down

Pumptrk Charge

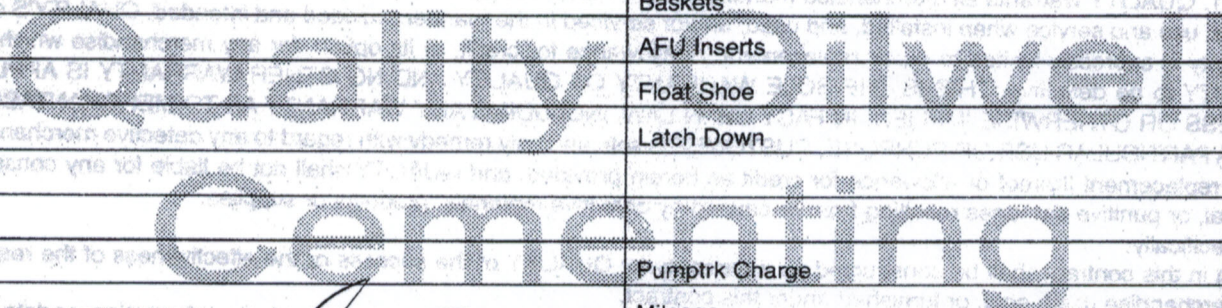
Mileage

Tax

Discount

Total Charge

X Signature William Anderson



QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 934

Cell 785-324-1041

Date	4-19-15	Sec.	12	Twp.	14	Range	11	County	Russell	State	KS	On Location		Finish	6:00 PM
Location													Wilson 1/4 W 1/4 N E into		

Lease Miller Well No. #1 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 Plug Charge To Jason Oil

Hole Size 7 1/8 T.D. 3200' Street

Csg. Drill Pipe Depth City State

Tbg. Size Depth

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

Cement Left in Csg. Shoe Joint Cement Amount Ordered 220 60/40 4% Gel 1/4 #10

Meas Line Displace

EQUIPMENT Common

Pumptrk 20 No. Cementer Helper Craig Poz. Mix

Bulktrk 14 No. Driver David Gel.

Bulktrk PU No. Driver Brett Calcium

JOB SERVICES & REMARKS Hulls

Remarks: Salt

Rat Hole - 30 sx Flowseal

Mouse Hole Kol-Seal

Centralizers Mud CLR 48

Baskets CFL-117 or CD110 CAF 38

D/V or Port Collar Sand

Handling

1st Plug @ 3200 w/ 50 sx Mileage 8 5/8

2nd Plug @ 600 w/ 50 sx **FLOAT EQUIPMENT**

3rd Plug @ 375 w/ 80 sx Guide Shoe

4th Plug @ 40 w/ 10 sx Centralizer

Baskets

AFU Inserts

Float Shoe

Latch Down

Wood Plug 1

Pumptrk Charge

Mileage

Tax

Discount

Total Charge

Signature *[Signature]*

X

Quality Oilwell Cementing

CLIENT:	JASON OIL COMPANY, LLC
WELL NAME:	MILLER #1
LEGAL:	SW SE NW SW 12 -145 - 11W
COUNTY:	RUSSELL
API :	15-167-24030-00-00
DRLG CONTRACTOR:	SOUTHWIND DRILLING, INC.
RIG #:	8
DOGHOUSE #:	620-566-7052
TOOLPUSHER:	BILL SANDERS
CELL #:	620-617-0706

FORMATION	MILLER #1				P&A 5-86				P&A 1-76				•				EOR											
	KB		1760		GL		1751		DAVIES & COMPANY, INC.				ALBERT BORELL				DREILING & BORELL				DREILING & BORELL							
	SE SE 11-14-11				GEORGINA M. ESCHBAUGH #1-11				ESCHBAUGH B #2				SW SE SE 11-14-11				SW NW NW 13-14-11				NW NW NW 13-14-14							
	KB		1771		KB		1768		KB		1742		KB		1736		KB		1736									
	LOG TOPS		SAMPLE TOPS		COMP.	CARD	LOG	SMPL.	COMP.	CARD	LOG	SMPL.	COMP.	CARD	LOG	SMPL.	COMP.	CARD	LOG	SMPL.								
	DEPTH	DATUM	DEPTH	DATUM	DEPTH	DATUM	CORR.	CORR.	DEPTH	DATUM	CORR.	CORR.	DEPTH	DATUM	CORR.	CORR.	DEPTH	DATUM	CORR.	CORR.								
ANHYDRITE TOP	563	1197	565	1195					579	1189	+	8	+	6	546	1196	+	1	-	1	548	1188	+	9	+	7		
BASE	591	1169	592	1168											576	1166	+	3	+	2	583	1153	+	16	+	15		
HERRINGTON					1364	407																						
KRIDER					1404	367																						
WINFIELD					1453	318																						
TOWANDA					1515	256																						
FT RILEY					1553	218																						
GRAND HAVEN	2155	-395	2155	-395	2173	-402	+	7	+	7	2172	-404	+	9	+	9					2146	-410	+	15	+	15		
1ST TARKIO SAND	2166	-406																										
TARKIO LIME	2232	-472	2233	-473	2249	-478	+	6	+	5											2224	-488	+	16	+	15		
TOPEKA	2474	-714	2472	-712					2497	-729	+	15	+	17	2458	-716	+	2	+	4	2460	-724	+	10	+	12		
HEEBNER	2753	-993	2755	-995					2782	-1014	+	21	+	19	2742	-1000	+	7	+	5	2742	-1006	+	13	+	11		
TORONTO	2771	-1011	2773	-1013					2802	-1034	+	23	+	21	2761	-1019	+	8	+	6	2760	-1024	+	13	+	11		
BROWN LIME	2845	-1085	2846	-1086					2876	-1108	+	23	+	22							2838	-1102	+	17	+	16		
LKC	2863	-1103	2862	-1102					2895	-1127	+	24	+	25	2852	-1110	+	7	+	8	2852	-1116	+	13	+	14		
ARBUCKLE	3219	-1459	3236	-1476										3230	-1488	+	29	+	12									
TOTAL DEPTH	3281	-1521	3280	-1520	2370	-599	-	922	-	921	2988	-1220	-	301	-	300	3242	-1500	-	21	-	20	2946	-1210	-	311	-	310
	TESTED				TESTED				TESTED				TESTED															
	DST #1 TARKIO 2180-2248 45-45-90-60 70' GCM SIP: 758-714#				DST #1 1st TARKIO 2174-95 3 HRS GTS 3 min. 1.02 MCF @ 30" 1.22 MCF @ 1 hr. & STABILIZED 60' M SIP: 786-756# DST #2 2nd TARKIO 2264-2319 90 min 800' W SIP: 809-798# DST #3 TOPEKA 2512-49 1 hr. 60' M SIP: 197-93# DST #4 LKC 2980-2988 2.5 hrs. 1600' GIP 360' MW CUM'D: 34670 MCF 1980-83 IP: 408 MCF PD WABAUNSE				DST #1 TOPEKA 2468-2510 150' OCM 120' MCO 60' MO SIP: 605-582# DST #2 LKC 2861-91 30' SOCM, 60' M SIP 292-185# DST #3 LKC 2920-37 150' MW SIP: 941-938#				DST #1 TOPEKA 2469-2524 GTS / 2HRS 90' OCM 60' HOCM 60' OIL SIP: 460-460# DST #2 LKC 2878-95 80' GIP 40' OCW SIP: 565-193# DST #3 LKC 2925-37 120' MW SIP: 830-762# DST #4 LKC 2942-46 215' W SIP: 955-930# IP @ 18 BO & 12 BWPD TOPEKA 2497-2503															
	INFO				INFO				INFO				INFO															