

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division 1313437

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 #			API No. 15		
Name:			Spot Description:		
Address 1:			Sec	Twp S. R	East _ West
Address 2:			Fe	eet from	South Line of Section
City:	State: Z	ip:+	Fe	eet from East / V	West Line of Section
Contact Person:			Footages Calculated from N	Nearest Outside Section Co	orner:
Phone: ()			□ NE □ NW	/ □SE □SW	
CONTRACTOR: License #			GPS Location: Lat:	, Long:	
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84	
Purchaser:			County:		
Designate Type of Completion:			Lease Name:	We	ell #:
	e-Entry	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground:	Kelly Bushing: _	
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total De	epth:
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet
☐ Cathodic ☐ Other (Co	ore, Expl., etc.):		Multiple Stage Cementing (Collar Used? Yes	No
If Workover/Re-entry: Old Well I			If yes, show depth set:		Feet
Operator:			If Alternate II completion, ce	ement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:					
Deepening Re-perf	•	ENHR Conv. to SWD	Drilling Fluid Managemen	nt Dian	
☐ Plug Back	Conv. to G		(Data must be collected from the		
Commingled	Pormit #:		Chloride content:	ppm Fluid volume:	bbls
Dual Completion			Dewatering method used:_		
SWD			Location of fluid disposal if	hauled offsite:	
☐ ENHR					
GSW	Permit #:		Operator Name:		
_ _			Lease Name:	License #:	
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	TwpS. R	East _ West
Recompletion Date		Recompletion Date	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 I II Approved by: Date:						



Operator Name:			Lease Name: _			Well #:	
Sec Twp	S. R	East West	County:				
INSTRUCTIONS: Show open and closed, flowing and flow rates if gas to a	g and shut-in pressu	ures, whether shut-in pre	essure reached stati	c level, hydrosta	itic pressures, bott		
Final Radioactivity Log, files must be submitted				gs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taken (Attach Additional Sh	eets)	Yes No			on (Top), Depth ar		Sample
Samples Sent to Geological	gical Survey	Yes No	Nam	Э		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING	RECORD Ne	w Used			
			conductor, surface, inte		ion, 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 / SQL	EEZE RECORD			
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
Did you perform a hydraulid	=	n this well? aulic fracturing treatment ex	cceed 350,000 gallons	Yes [No (If No, ski	p questions 2 ai p question 3)	
Was the hydraulic fracturing	g 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					cture, Shot, Cement mount and Kind of Ma		d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed P	roduction, SWD or ENH	HR. Producing Meth		Gas Lift (Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf Wate	er B	bls. G	as-Oil Ratio	Gravity
DISPOSITION Vented Sold (If vented, Subm	Used on Lease	Open Hole	METHOD OF COMPLE Perf. Dually (Submit)	Comp. Con	mmingled mit ACO-4)	PRODUCTIO	ON INTERVAL:

Form	ACO1 - Well Completion			
Operator	Jason Oil Company, LLC			
Well Name	ZIMMERMAN OWWO 1			
Doc ID	1313437			

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	_	Type Of Cement	Type and Percent Additives

QUALITY OILWELL CEMENTING, INC. Federal Tax 1.D.# 20-2886107

none 785-483-2025 Cell 785-324-1041

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

No. 1656

Lease IMPER Man CWUID Contractor IMPER TO Guidity Otiwell Cementing, Inc. Contractor IMPER TO Guidity Otiwell Cementing, Inc. To Guidity Otivel of the Inc. To Guide Street To Guide Shoe Cement Left in Csq. Diver Diver Diver Diver Doublace EQUIPMENT Common Poz. Mix Hulls Bulkirk No Diver Calcium Hulls Salt Flowseal Mouse Hole Contralizers Baskets DN or Port Collar FLOAT EQUIPMENT Guide Shoe Cettralizer Baskets AFUllnerts Float Shoe Latch Down Tax Discount Tax Discount	3 10 11	Sec. Twp.	Range	كبي	County -	State	On Location	Finish
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Type Job Commenter and helper to assist owner or contractor to do work as listed. Charge Depth Street Tog. Size Depth City State Tool Cement Left in Csq. Shoe Joint EQUIPMENT Common Funghtr No. Diriver Buiktrk No. Diriver JOB SERVICES & REMARKS Hults Rat Hole Mouse Hole Centralizers Baskets DAY OF POT Collar FLOAT EQUIPMENT Gaide Shoe Centralizer Baskets AFU Inserts Float Shoe Lahch Down Mileage Tax Discount Tax Discount	Contractor Juper	ie ie ee			To Quality Oi	lwell Cementing, Inc	: : cementina equipment	and furnish
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