

COPY

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 6622

Name: JASON OIL COMPANY

Address P.O. Box 701

City/State/Zip Russell, Kansas 67665

Purchaser: _____

Operator Contact Person: J.L. Schoenberger

Phone (785) 483-4204

Contractor: Name: Discovery Drilling, Inc.

License: 31548

Wellsite Geologist: Ronald Nelson

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD S1OW Temp. Abd.

Gas ENHR SIGW

Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD

Plug Back PSTD

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

2/27/99 3/4/99 3/4/99
Spud Date Date Reached TD Completion Date

API NO. 15- 179-21095 0000

County Sheridan

20'S
10'W C -W/2- SW Sec. 33 Twp. 8S Rge. 26W

1300 Feet from S (circle one) Line of Section

650 Feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Pratt Well # 2

Field Name _____

Producing Formation Lansing KC

Elevation: Ground 2522 KB 2530

Total Depth 3940 PSTD _____

Amount of Surface Pipe Set and Cemented at 206.24 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 2142' Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan D+A, 6-10-99 OR.
(Data must be collected from the Reserve Pit)

Chloride content 1800 ppm Fluid volume 240 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter Sec. Twp. S Rng. E/W

County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature James L. Schoenberger

Title Owner Date 5-14-1999

Subscribed and sworn to before me this 14th day of May 19 99

Notary Public Fred Weigel, Jr.

Notary Commission Expires: 7-18-2002

FRED WEIGEL, JR.
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 7-18-2002

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
IDC (Specify)

Operator Name JASON OIL COMP Lease Name Pratt Well # 2
 Sec. 33 Twp. 8S Rge. 26W East County Sheridan
 West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)

List All E.Logs Run:

*Radiation Guard,
 Compensated Density Neutron.*

Log	Formation (Top), Depth and Datum	Sample
Name	Top	Datum
Toronto	3634	3638
LKC	3651	3654
LKC	3646	3650
LKC	3734	3738

CASING RECORD <input type="checkbox"/> New <input checked="" 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
Surface Pipe	12 1/4	8 5/8	23	206.24	60/40Poz	145	2%Gel&3%CC
Production St.	7 7/8	5 1/2	14	3935	60/40Poz	150	2%Gel-10%Salt 5#Gilsor

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives	
<input checked="" type="checkbox"/> Perforate	3634-38				
<input type="checkbox"/> Protect Casing					
<input type="checkbox"/> Plug Back TD					
<input type="checkbox"/> Plug Off Zone					

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth
2	3634 - 38	Retrieveable	250 gals. 15% Ne	
2	3646 - 50	"	250 gals. 15% NE	
2	3651 - 54	"	250 gals. 15% NE	
2	3734 - 38	"	250 gals. 15% NE	

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	<i>N-A</i>				

Disposition of Gas: Vented Sold Used on Lease (if vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Int. _____