

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

065-22786 0000

API NO. 15-

County Graham

85'w. NE - NE - SW Sec. 30 Twp. 9S Rge. 21w X

2310 Feet from S/N (circle one) Line of Section

3055 Feet from E/W (circle one) Line of Section

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

Lease Name Smith "D" Well # 3

Field Name Harrold West

Producing Formation None

Elevation: Ground 2352 KB 2360

Total Depth 3937 PBDT

Amount of Surface Pipe Set and Cemented at 205.20 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan D&A 6-18-98jk
(Data must be collected from the Reserve Pit)

Chloride content 4,200 ppm Fluid volume 1500 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite:

Operator Name _____

Lease Name _____ License No. _____

Quarter Sec. Twp. Rng. E/W

County _____ Docket No. _____

Operator: License # 6622

Name: JASON OIL COMPANY

Address P.O. Box 701

City/State/Zip Russell, Kansas 67665-0701

Purchaser: _____

Operator Contact Person: J.L. Schoenberger

Phone (913) 483-4204

Contractor: Name: Discovery Drilling, Inc.

License: 31548

Wellsite Geologist: Ron Nelson

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD S10W 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 PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

6/19/97 6/24/97 6/25/97
Spud Date Date Reached TD Completion Date

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.

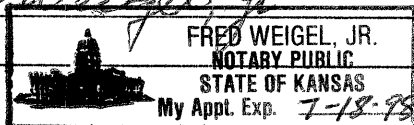
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature James L. Schoenberger
Title Owner Date 8-7-97

Subscribed and sworn to before me this 7th day of August, 19 97.

Notary Public Fred Weigel, Jr.

Date Commission Expires _____



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 (Specify)

Operator Name JASON OIL COMPANY Lease Name Smith "D" Well # 3
 Sec. 30 Twp. 9S Rge. 21W East West
 County Graham

ORIGINAL

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:

| Name | Formation (Top), Depth and Datum | | Sample |
|-----------|----------------------------------|-------|--------|
| | Top | Datum | |
| Anhydrite | 1842 | 1876 | +518 |
| Heebner | 3535 | 3539 | -1175 |
| Toronto | 3561 | 3565 | -1201 |
| LKC | 3575 | 3794 | -1434 |
| Arbuckle | 3913 | | -1553 |

| 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 | 20 | 205.20 | 60/40Poz | 140 | 2%Gel&3%CC |
| | | | | | | | |

| 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 | | | | |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated | | Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth | |
|----------------|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |

| 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 |

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 Interval _____

ALLIED CEMENTING CO., INC. 5490

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Russell

| | | | | | | | |
|---------------------|-------------------|--------------------------------------|----------------------|---------------------------|----------------------------|--------------------------|--------------------------|
| DATE <i>6-19-97</i> | SEC <i>39</i> | TWP <i>9</i> | RANGE <i>21</i> | CALLED OUT <i>5:00 PM</i> | ON LOCATION <i>6:30 PM</i> | JOB START <i>7:15 AM</i> | JOB FINISH <i>7:45 P</i> |
| LEASE <i>Smith</i> | WELL # <i>D-3</i> | LOCATION <i>Bogue + Red Line Jct</i> | COUNTY <i>GRAHAM</i> | STATE <i>KANSAS</i> | | | |

OLD OR NEW (Circle one) *NEW* *1/2 W 1/2 N*

CONTRACTOR *Discovery Drilling #2* OWNER _____

| | |
|-----------------------------|-----------------------|
| TYPE OF JOB <i>SURFACE</i> | CEMENT |
| HOLE SIZE <i>12 1/4</i> | T.D. <i>210'</i> |
| CASING SIZE <i>8 7/8</i> | 20# DEPTH <i>205'</i> |
| TUBING SIZE _____ | DEPTH _____ |
| DRILL PIPE _____ | DEPTH _____ |
| TOOL _____ | DEPTH _____ |
| PRES. MAX _____ | MINIMUM _____ |
| MEAS. LINE _____ | SHOE JOINT _____ |
| CEMENT LEFT IN CSG. _____ | |
| PERFS. <i>12 1/4 / 80 L</i> | |

| | |
|------------------------------|-----------------------------|
| AMOUNT ORDERED | <i>140 sk 60 29 1/2 gal</i> |
| | <i>370 CE</i> |
| COMMON | <i>84 @ 6.10 = 512.40</i> |
| POZMIX | <i>56 @ 3.15 = 176.40</i> |
| GEL | <i>3 @ 9.50 = 28.50</i> |
| CHLORIDE | <i>4 @ 28.00 = 112.00</i> |
| | @ _____ |
| | @ _____ |
| | @ _____ |
| | @ _____ |
| | @ _____ |
| HANDLING | <i>@ 1.00 = 147.00</i> |
| MILEAGE <i>43 / Sk / Mil</i> | <i>263.25</i> |
| TOTAL | <i>1239.55</i> |

EQUIPMENT

| | |
|--------------|--------------------|
| PUMP TRUCK | CEMENTER <i>Sh</i> |
| # <i>177</i> | HELPER <i>Will</i> |
| BULK TRUCK | |
| # <i>160</i> | DRIVER <i>Bert</i> |
| BULK TRUCK | |
| # _____ | DRIVER _____ |

REMARKS:

Cement Circulated

FRANK'S

SERVICE

| | |
|-----------------------------|---------------|
| DEPTH OF JOB _____ | |
| PUMP TRUCK CHARGE | <i>445.00</i> |
| EXTRA FOOTAGE _____ @ _____ | |
| MILEAGE <i>47 @ 2.80</i> | <i>133.45</i> |
| PLUG <i>1-8 7/8 Wagon @</i> | <i>45.00</i> |
| | @ _____ |
| | @ _____ |
| TOTAL | <i>623.45</i> |

CHARGE TO: *Jason Oil Company*

STREET *Bart 701*

CITY *Russell* STATE *Kansas* ZIP *67665*

FLOAT EQUIPMENT

| | |
|---------------|-------|
| _____ @ _____ | |
| _____ @ _____ | |
| _____ @ _____ | |
| _____ @ _____ | |
| _____ @ _____ | |
| TOTAL | _____ |

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE *[Signature]*

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

ALLIED CEMENTING CO., INC. 5490

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
RUSSELL

| | | | | | | | |
|--|---------------|-------------------|-----------------|--------------------------------------|----------------------------|--------------------------|---------------------------|
| DATE <u>6-19-97</u> | SEC <u>39</u> | TWP <u>9</u> | RANGE <u>21</u> | CALLED OUT <u>5:00 PM</u> | ON LOCATION <u>6:30 PM</u> | JOB START <u>7:15 PM</u> | JOB FINISH <u>7:45 PM</u> |
| LEASE <u>SMITH</u> | | WELL # <u>D-3</u> | | LOCATION <u>Bogue + Red Line Jct</u> | | COUNTY <u>GRAHAM</u> | STATE <u>KANSAS</u> |
| OLD OR NEW (Circle one) <u>NEW</u> <u>Y2W Y2N</u> | | | | | | | |

CONTRACTOR Discovery Drilling Rig # 2 OWNER _____

TYPE OF JOB SURFACE CEMENT

HOLE SIZE 12 1/4 TD 210'

CASING SIZE 8 7/8 20# DEPTH 205' AMOUNT ORDERED 140 sk 60% 29 label 3% CE

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. 12 1/4 BBL

EQUIPMENT

PUMP TRUCK # 177 CEMENTER Sh HELPER Will

BULK TRUCK # 160 DRIVER Boat

BULK TRUCK # _____ DRIVER _____

| | | | |
|----------|---------------|----------------|----------------------|
| COMMON | <u>80</u> | @ <u>6.20</u> | <u>512.00</u> |
| POZMIX | <u>56</u> | @ <u>3.15</u> | <u>176.40</u> |
| GEL | <u>3</u> | @ <u>9.50</u> | <u>28.50</u> |
| CHLORIDE | <u>4</u> | @ <u>28.00</u> | <u>112.00</u> |
| | | @ | |
| | | @ | |
| | | @ | |
| | | @ | |
| | | @ | |
| | | @ | |
| HANDLING | | @ <u>1.05</u> | <u>147.00</u> |
| MILEAGE | <u>48 1/2</u> | @ <u>1.00</u> | <u>263.25</u> |
| | | | TOTAL <u>1239.50</u> |

REMARKS:

Cement Circulated
FRANK'S

SERVICE

| | | | |
|----------------------------|-----------|---------------|---------------------|
| DEPTH OF JOB | | | |
| PUMP TRUCK CHARGE | | | <u>445.00</u> |
| EXTRA FOOTAGE | | @ | |
| MILEAGE | <u>47</u> | @ <u>2.85</u> | <u>133.95</u> |
| PLUG <u>1-8 7/8 wooden</u> | | @ | <u>45.00</u> |
| | | @ | |
| | | @ | |
| | | | TOTAL <u>623.95</u> |

CHARGE TO: Taxon Oil Company
STREET Box 701
CITY Russell STATE Kansas ZIP 67665

FLOAT EQUIPMENT

| | | | |
|--|---|--|-------------|
| | @ | | |
| | @ | | |
| | @ | | |
| | @ | | |
| | @ | | |
| | | | TOTAL _____ |

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE [Signature]

TAX _____
TOTAL CHARGE _____
DISCOUNT _____ IF PAID IN 30 DAYS

TELEPHONE:
AREA CODE 913 483-2627
AREA CODE 913 483-3687

ALLIED CEMENTING COMPANY, INC.

P. O. BOX 31
RUSSELL, KANSAS 67665

Federal Tax I.D.# 48-0727860

TO: Jason Oil Company
P. O. Box 701
Russell, KS 67665

INVOICE NO. 75393
PURCHASE ORDER NO. _____
LEASE NAME Smith O-3
DATE 6-10-97

SERVICE AND MATERIALS AS FOLLOWS:

| | | |
|-------------------------------------|---------------|-----------------|
| Common 24 sks @ \$6.10 | \$512.40 | |
| Pozmix 56 sks @ \$3.15 | 176.40 | |
| Gel 3 sks @ \$9.50 | 29.50 | |
| Chloride 4 sks @ \$28.00 | <u>112.00</u> | \$ 229.30 |
| | | |
| Handling 140 skk @ \$1.05 | 147.00 | |
| Mileage (47) @ \$.040 per sk per mi | 203.20 | |
| Surface | 445.00 | |
| H1 @ \$2.85 pay trk chg | 133.95 | |
| 1 plug | <u>45.00</u> | <u>1,034.15</u> |
| | Total | \$1,063.45 |

If Account CURRENT a
Discount of \$ 279.51
will be Allowed ONLY if
Paid Within 30 Days from
Date of Invoice.

Thank You!

All Prices Are Net, Payable 30 Days Following Date of Invoice. 1% Charged Thereafter.

ALLIED CEMENTING CO., INC. 8145

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: K

| | | | | | | | |
|--------------------------------|----------------|-----------------|------------------|---|---------------------------|-------------------------|---------------------------|
| DATE <u>6-25-97</u> | SEC. <u>30</u> | TWP. <u>9s</u> | RANGE <u>21W</u> | CALLED OUT | ON LOCATION <u>2:00pm</u> | JOB START <u>4:30pm</u> | JOB FINISH <u>9:15 AM</u> |
| LEASE <u>Smith</u> | | WELL # <u>3</u> | | LOCATION <u>Brewster Station S of Paler</u> | | COUNTY <u>Graham</u> | STATE <u>Mo</u> |
| OLD OR <u>NEW</u> (Circle one) | | | | <u>7 1/2 W 1/2 E N</u> | | | |

| | | |
|--------------------------------|----------------------|---|
| CONTRACTOR <u>Discovery #2</u> | | OWNER |
| TYPE OF JOB | | CEMENT |
| HOLE SIZE | T.D. | AMOUNT ORDERED <u>215 6 1/4 6 1/2 gal</u> |
| CASING SIZE | DEPTH | <u>116 lbs seal</u> |
| TUBING SIZE | DEPTH | |
| DRILL PIPE <u>4 1/2</u> | DEPTH <u>3875</u> | |
| TOOL | DEPTH | |
| PRES. MAX | MINIMUM | COMMON <u>129 @ 610 786.90</u> |
| MEAS. LINE | SHOE JOINT | POZMIX <u>86 @ 315 270.90</u> |
| CEMENT LEFT IN CSG. | | GEL <u>11 @ 950 104.50</u> |
| PERFS. | | CHLORIDE @ |
| DISPLACEMENT | | <u>FloSeal 54# @ 115 62.10</u> |
| EQUIPMENT | | |
| PUMP TRUCK | CEMENTER <u>Mark</u> | |
| # <u>153</u> | HELPER <u>Paul</u> | HANDLING @ <u>105 225.15</u> |
| BULK TRUCK | | MILEAGE <u>47m @ 04 404.20</u> |
| # <u>213</u> | DRIVER <u>Darin</u> | |
| BULK TRUCK | | |
| # | DRIVER | TOTAL <u>1854.35</u> |

| | |
|----------------------------|---------------------------------|
| REMARKS: | SERVICE |
| <u>20 sy @ 3875</u> | DEPTH OF JOB |
| <u>20 sy @ 1860</u> | PUMP TRUCK CHARGE <u>550.00</u> |
| <u>100 sy @ 1080</u> | EXTRA FOOTAGE @ |
| <u>40 sy @ 255</u> | MILEAGE <u>47m @ 285 133.95</u> |
| <u>10 sy @ 40</u> | PLUG <u>2 1/2 inch hole</u> @ |
| <u>10 sy @ 1 man hole</u> | @ |
| <u>15 sy @ 1 bath hole</u> | @ |
| | TOTAL <u>683.95</u> |

CHARGE TO: Jensen Oil Co
STREET Box 701
CITY Russell STATE Kan ZIP 67665

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE [Signature]

| | |
|-----------------|--------------------|
| FLOAT EQUIPMENT | |
| _____ | @ _____ |
| _____ | @ _____ |
| _____ | @ _____ |
| _____ | @ _____ |
| _____ | @ _____ |
| _____ | @ _____ |
| TOTAL | _____ |
| TAX | _____ |
| TOTAL CHARGE | _____ |
| DISCOUNT _____ | IF PAID IN 30 DAYS |

PRINTED NAME _____

TELEPHONE
AREA CODE 913 483-3827
AREA CODE 913 483-3887

ALLIED CEMENTING COMPANY, INC.

P. O. BOX 31
RUSSELL, KANSAS 67665



TO: Jason Oil Company
P. O. Box 701
Russell, KS 67665

INVOICE NO. 75453
PURCHASE ORDER NO. _____
LEASE NAME Smith O #3
DATE 6-25-97

SERVICE AND MATERIALS AS FOLLOWS:

| | | |
|-------------------------------------|---------------|-------------------|
| Common 129 sks @ \$6.10 | \$786.90 | |
| Pozmix 86 sks @ \$3.15 | 270.90 | |
| Gel 11 sks @ \$9.50 | 104.50 | |
| Floscal 54# @ \$1.15 | <u>62.10</u> | \$1,224.40 |
| Handling 215 sks @ \$1.05 | 225.75 | |
| Mileage (47) @ \$.04¢ per sk per mi | 404.20 | |
| Pump Truck | 550.00 | |
| #1 @ \$2.05 pmp trk chg | <u>133.95</u> | <u>1,313.90</u> |
| | Total | \$2,538.30 |

If Account CURRENT a
Discount of \$ 380.78
will be Allowed ONLY if
Paid Within 30 Days from
Date of Invoice.

Thank You!

All Prices Are Net, Payable 30 Days Following Date of Invoice. 1 1/2 % Charged Thereafter.

ARROW TESTING COMPANY
P. O. BOX 1051 GREAT BEND, KANSAS 67530

DRILL-STEM TEST DATA 15-065-22786

| | | | | |
|-------------|----------------|-----------------|-------------|---------------|
| Well Name | Smith "D" | ORIGINAL | Test No. | 1 |
| Well Number | 3 | | Zone Tested | KC |
| Company | Jason Oil Co | | Date | 6/23/97 |
| Comp. Rep. | R Nelson | | Tester | Don Fabricius |
| Contractor | Discovery Drlg | | Ticket No. | 3267 |
| Location | 30-9-21 | | Elevation | |

Recorder No. 3088 Clock Range 12 Recorder No. 4377 Clock Range 12
Depth 3590 Depth 3594
Initial Hydro Mud Press. 1796 Initial Hydro Mud Press. 1798
Initial Shut-in Press. 35 Initial Shut-in Press. 35
Initial Flow Press. 23-23 Initial Flow Press. 35-35
Final Flow Press. 23 Final Flow Press. 35-35
Final Shut-in Press. _____ Final Shut-in Press. _____
Final Hydro Mud Press. 1796 Final Hydro Mud Press. 1798
Temperature _____ Tool Open Before I. S. I. 15 Mins.
Mud Weight 9.1 Viscosity 43 Initial Shut-in 15 Mins.
Fluid Loss 10 Flow Period 5 Mins.
Interval Tested 3565-98 Final Shut-in _____ Mins.
Top Packer Depth 3560 Surface Choke Size 1
Bottom Packer Depth 3565 Bottom Choke Size 3/4
Total Depth 3598 Main Hole Size 7 7/8
Drill Pipe Size 4 1/2 X H Wt. 16.60 Rubber Size 6 3/4
Drill Collar I. D. _____ Ft. Run _____

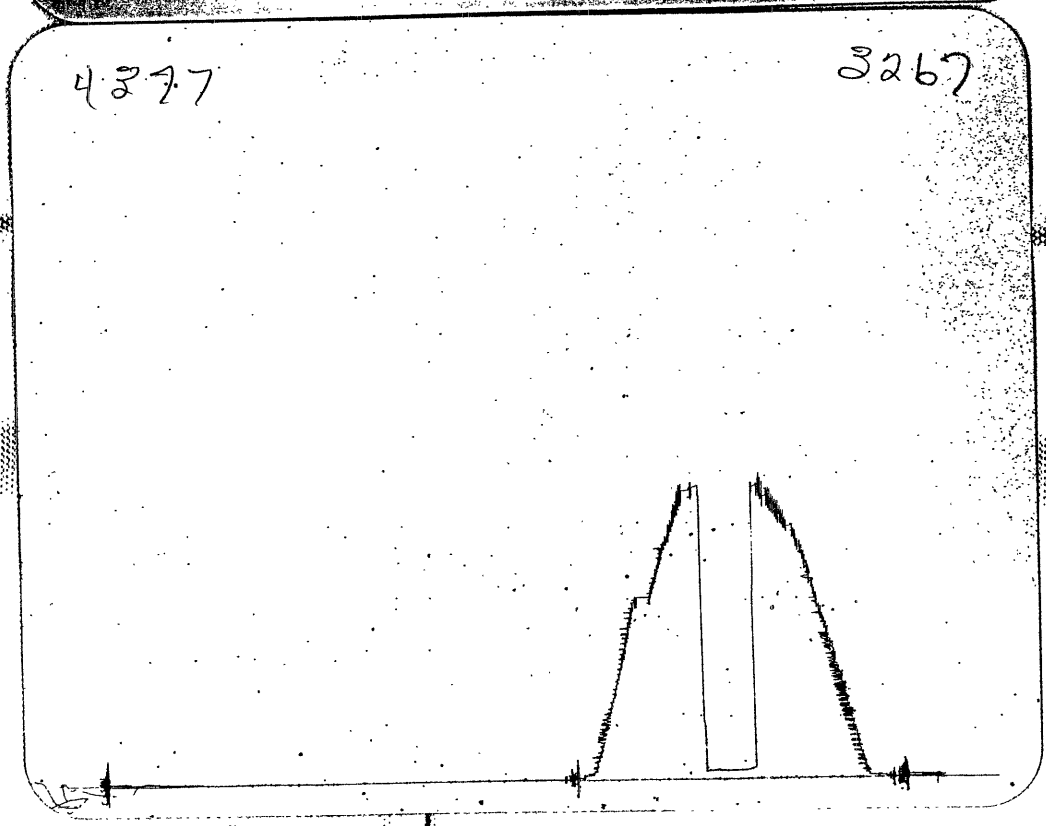
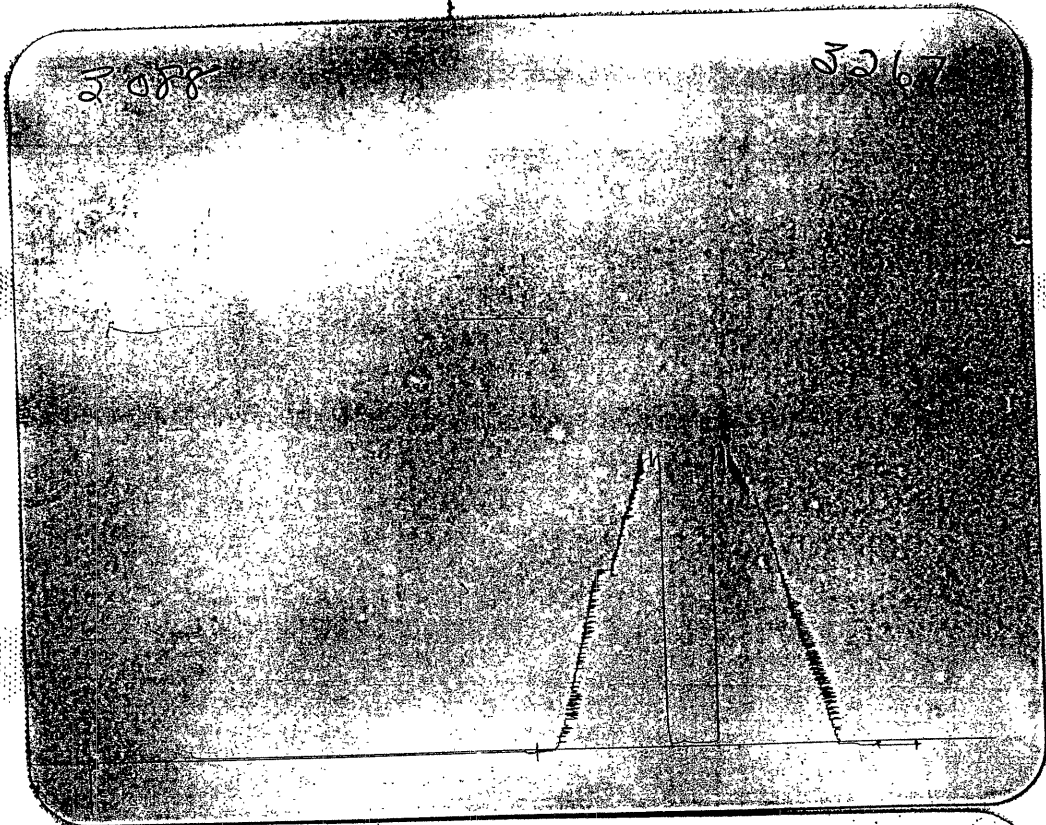
Recovery—Total Feet _____
Recovered 1 Feet Of Muddy oil
Recovered _____ Feet Of _____
Recovered _____ Feet Of _____
Recovered _____ Feet Of _____

Remarks
Very weak blow dead in 5 min flush tool
on second open no blow

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED. CONDITIONS: It is expressly understood and agreed that the above described work shall be done under the exclusive control, direction and supervision of the owner or contractor. As a part of the consideration for this agreement, it is expressly understood and agreed that Arrow Testing Company shall not be responsible for damages or losses of any kind whatsoever occasioned by or incident to the use of the above described Tools, whether run or operated by customer, or by anyone employed directly or indirectly by Arrow Testing Company, nor whether resulting from the acts or omissions of Arrow Testing Company, or any of its agents, servants or employees in any way connected with or related to the use of such Tools.

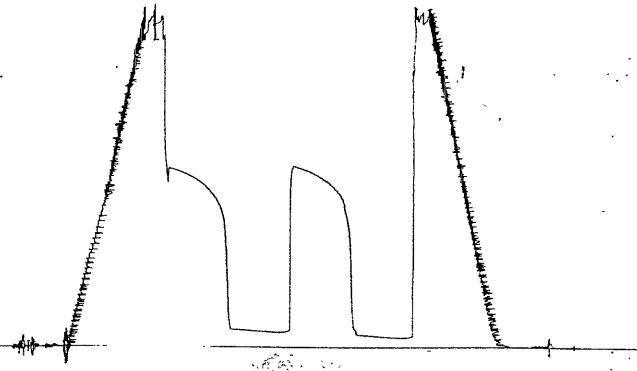
It is expressly understood and agreed that Arrow Testing Company, shall not be bound by any agreement, not herein contained, and no agent or representative connected with or employed by Arrow Testing Company has authority to alter or extend the terms of this agreement. I have read and understand the terms of this agreement and represent that I am authorized to sign the same as agent of customer.

By _____
Owner, Operator or his Agent



2088

3268



4877

3268

