

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

CORRECTED

Wgs: R 23 W
IS: R 2 L W

OPERATOR: License # 33813
Name: JASON OIL COMPANY LLC
Address 1: P.O. BOX 701
Address 2: _____
City: RUSSELL State: KS Zip: 67665 + _____
Contact Person: JIM SCHOENBERGER
Phone: (785) 483-8027

API No. 15 - 135-24875-0000
Spot Description: S/2 SE SE
S/2 SE SE Sec. 23 Twp. 16 S. R. 25 East West
400 410 Feet from North / South Line of Section
720 693 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner
 NE NW SE SW

CONTRACTOR: License # 34190
Name: VISION DRILLING
Wellsite Geologist: RANDY KILLIAN
Purchaser: PLAINS MARKETING

KANSAS CORPORATION COMMISSION

MAY 01 2009

RECEIVED

County: NESS
Lease Name: SCHOEPF Well #: 8
Field Name: UNICE EAST
Producing Formation: MISSISSIPPI

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 Dry Other _____
(Core, WSW, Expl., Cathodic, etc.)

Elevation: Ground: 2613 Kelly Bushing: 2621
Total Depth: 4614 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 250 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 2015 Feet
If Alternate II completion, cement circulated from: 2015

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: _____ Plug Back Total Depth _____
 Commingled Docket No.: _____
 Dual Completion Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: _____
12/11/2008 12/20/2008 1/29/2009
Spud Date or Date Reached TD Completion Date or Recompletion Date

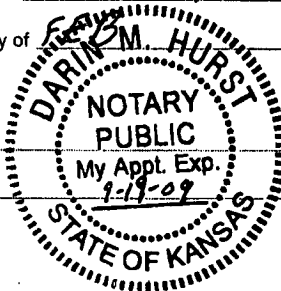
feet depth to: SURFACE w/ 655 6%GEL 2%CC sx amt.
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 300,000 ppm Fluid volume: 6400 bbls
Dewatering method used: DRY OUT
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

API 2-Dlg-5/12/09

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, 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 of 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 Schoenberger
Title: OWNER OPERATOR Date: 2-26-09
Subscribed and sworn to before me this 26 day of FEBRUARY
20 09
Notary Public: D. Hurst
Date Commission Expires: 9-19-09



KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied. Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

KANSAS CORPORATION COMMISSION

FEB 27 2009

RECEIVED

Operator Name: **JASON OIL COMPANY LLC**

Lease Name: **SCHOEPF**

Well #: **8**

Sec. **23** Twp. **16** S. R. **25**
26 East West

County: **NESS**

FEB 27 2009
RECEIVED

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

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: *rec'd w/ 5 logs:
MICRO LOG; DIL; SONIC CMT. BOND
LOG; TEMP. SURVEY; COMPSID. DENSITY*

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
anhydrite	2017	+628
heebner	3880	-1262
lansing	3919	-1301
ft scott	4429	-1811
mississippi	4527	-1909
dolomite	4535	-1917
td	4614	-1996

NEWTON LOG

CASING RECORD <input checked="" 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
SURFACE	12 1/4	8 5/8	23	250	COMMON	160	3%CC 2%GEL
PRODUCTION	7 7/8	5 1/2		4614	COMMON	180	10%SALT 2%GEL
PORT COLLAR				2015	QMDC	150	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing	1900-0	COMMON POZ	175	60/40 6%GEL, 2%CC 1/4LB FLO-SEAL
<input type="checkbox"/> Plug Back TD	1700-0	COMMON POZ	175	60/40 6%GEL, 2%CC 1/4LB FLO-SEAL
<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)	
		Amount and Kind of Material Used	Depth
12	4554-4560	300 GAL 15%HCL	
8	4456-4460	500 GAL 15%HCL	
8	4535-4539	155 SKS 60/40 6% GEL 3% CC 1/4LB FLO-SEAL	1300-0

TUBING RECORD: Size: **2 7/8** Set At: **4608** Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or Enhr. **FEB 20 2009** Producing Method: Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	33	0	7		39

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input checked="" type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	36-40