

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34259
Name: JAG Operations, Inc.
Address 1: PO Box 628
Address 2: 710 S. Front
City: Russell State: KS Zip: 67665 +
Contact Person: Jack Yost
Phone: (785) 445-4142
CONTRACTOR: License # 33350
Name: Southwind Drilling, Inc.
Wellsite Geologist: Mike Bair
Purchaser: N/A

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
 Conv. to GSW

- Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

5/4/10 _____ 5/11/10
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 167-23631-00-00
Spot Description: 2140' FSL 2280' FEL
SE NW NW SE Sec. 22 Twp. 13 S. R. 15 East West
2140' Feet from North / South Line of Section
2280' Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Russell
Lease Name: Olson B Well #: 1
Field Name: Gorham
Producing Formation: None
Elevation: Ground: 1897 Kelly Bushing: 1906
Total Depth: 3400 Plug Back Total Depth: Plugged D&A
Amount of Surface Pipe Set and Cemented at: 236 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: 1400 ppm Fluid volume: 4500 bbls
Dewatering method used: Natural Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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.

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.

Signature: Jina Rae Yost
Title: President Date: 10-11-10

KCC Office Use ONLY

Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: PLA Dg Date: 10/20/10

RECEIVED
OCT 13 2010
KCC WICHITA

Operator Name: JAG Operations, Inc. Lease Name: Olson B Well #: 1
 Sec. 22 Twp. 13 S. R. 15 East West County: Russell

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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>ANHY</td> <td>962</td> <td>+944</td> </tr> <tr> <td>Topeka</td> <td>2791</td> <td>-885</td> </tr> <tr> <td>Heebner</td> <td>3015</td> <td>-1107</td> </tr> <tr> <td>Toronto</td> <td>3037</td> <td>-1131</td> </tr> <tr> <td>Lansing</td> <td>3069</td> <td>-1163</td> </tr> <tr> <td>Arbuckle</td> <td>3327</td> <td>-1421</td> </tr> <tr> <td>TD</td> <td>3399</td> <td>-1493</td> </tr> </table>	Name	Top	Datum	ANHY	962	+944	Topeka	2791	-885	Heebner	3015	-1107	Toronto	3037	-1131	Lansing	3069	-1163	Arbuckle	3327	-1421	TD	3399	-1493
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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 Pipe	12 1/4"	8 5/8"	23#	236'	Common	150	3% cc 2% gel

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 ENHR.	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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Oil</td> <td style="width:15%;">Bbls.</td> <td style="width:15%;">Gas</td> <td style="width:15%;">Mcf</td> <td style="width:15%;">Water</td> <td style="width:15%;">Bbls.</td> <td style="width:15%;">Gas-Oil Ratio</td> <td style="width:15%;">Gravity</td> </tr> </table>	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <div style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</div>
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OCT 13 2010
KCC WICHITA

ALLIED CEMENTING CO., LLC. 041363

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665.

SERVICE POINT:
Russell Ks

DATE <u>5-4-10</u>	SEC. <u>22</u>	TWP. <u>13</u>	RANGE <u>15</u>	CALLED OUT	ON LOCATION	JOB START <u>1:00AM</u>	JOB FINISH <u>1:30AM</u>
LEASE <u>OLSON</u>	WELL # <u>B-1</u>	LOCATION <u>Russell Ks. 6w 1 1/2 N 1/4 W</u>			COUNTY <u>Russell</u>	STATE <u>KANSAS</u>	
OLD OR <u>(NEW)</u> (Circle one)							

CONTRACTOR SOUTWIND DATA RIG #2 OWNER

TYPE OF JOB Cement SURFACE

HOLE SIZE 12 1/4 T.D. 238'

CASING SIZE 8 5/8 DEPTH

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX. MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 1 1/4 / BBL

EQUIPMENT

PUMP TRUCK CEMENTER Glenn

417 HELPER MATT

BULK TRUCK

410 DRIVER RON

BULK TRUCK

DRIVER

REMARKS:

Cement Did Circulate

Thru

CHARGE TO: JAG OPERATIONS INC

STREET _____

CITY _____ STATE _____ ZIP _____

CEMENT AMOUNT ORDERED 150 ~~750~~ SX ~~60~~ 60/40

22 GEL

390 CC

COMMON	<u>90</u>	@	<u>13.50</u>	<u>1215.00</u>
POZMIX	<u>60</u>	@	<u>7.55</u>	<u>453.00</u>
GEL	<u>3</u>	@	<u>20.25</u>	<u>60.75</u>
CHLORIDE	<u>5</u>	@	<u>51.50</u>	<u>257.50</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>75</u>	@	<u>2.25</u>	<u>168.75</u>
MILEAGE	<u>110</u>	@	<u>1.00</u>	<u>110.00</u>
TOTAL				<u>2255.00</u>

SERVICE

DEPTH OF JOB				
PUMP TRUCK CHARGE				<u>991.00</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>5.00</u>	@	<u>7.00</u>	<u>35.00</u>
MANIFOLD		@		
		@		
TOTAL				<u>1026.00</u>

PLUG & FLOAT EQUIPMENT

RECEIVED @ _____

OCT 13 2010 @ _____

KCC WICHITA @ _____

To Allied Cementing Co., LLC:
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or

done to satisfaction and supervision of owner agent of contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME William Sanders

SIGNATURE William Sanders

SALES TAX (If Any) _____

TOTAL CHARGES

DISCOUNT IF PAID IN 30 DAYS

ALLIED CEMENTING CO., LLC. 041884

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Russell

DATE <u>5-11-10</u>	SEC. <u>22</u>	TWP. <u>13</u>	RANGE <u>15</u>	CALLED OUT	ON LOCATION	JOB START <u>8:00am</u>	JOB FINISH <u>8:30am</u>
LEASE <u>Olsen</u>		WELL # <u>B-1</u>		LOCATION <u>Russell & Hwy 40 66120 WINTO</u>		COUNTY <u>RUSSELL</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)							

CONTRACTOR Southwind #2

TYPE OF JOB Reel Plug

HOLE SIZE 7 7/8 T.D. 3400

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 x 4 DEPTH 330?

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED 225 60/40 40/60 1477/10

EQUIPMENT

PUMP TRUCK CEMENTER Craig

398 HELPER Paul

BULK TRUCK

410 DRIVER hon

BULK TRUCK

_____ DRIVER _____

COMMON	<u>123</u>	@	<u>13.50</u>	<u>1660.50</u>
POZMIX	<u>82</u>	@	<u>7.55</u>	<u>619.10</u>
GEL	<u>?</u>	@	<u>20.25</u>	<u>141.75</u>
CHLORIDE		@		
ASC		@		
<u>Flo Seal</u>	<u>51</u>	@	<u>2.45</u>	<u>124.95</u>
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>100</u>	@	<u>2.95</u>	<u>295.00</u>
MILEAGE	<u>11.41/1.25</u>			<u>100.00</u>
TOTAL				<u>2871.30</u>

REMARKS:

<u>151</u>	<u>25SK</u>	<u>330?</u>
<u>200</u>	<u>25SK</u>	<u>990'</u>
<u>800</u>	<u>100SK</u>	<u>300'</u>
<u>471</u>	<u>105SK</u>	<u>40'</u>
<u>Reel</u>	<u>305SK</u>	
<u>Machine</u>	<u>65SK</u>	

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____ 875.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 5 @ 7.00 35.00

MANIFOLD _____ @ _____

CHARGE TO: Jag Operations

STREET _____

CITY _____ STATE _____ ZIP _____

RECEIVED

OCT 13 2010

TOTAL 918.00

**KCC WICHITA
PLUG & FLOAT EQUIPMENT**

<u>8 5/8 Under Plug</u>	@	<u>40.00</u>	<u>N-C</u>
	@		
	@		
	@		
	@		

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) 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 and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME _____

SIGNATURE _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES 918.00

DISCOUNT 0 IF PAID IN 30 DAYS