

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

**ORIGINAL**

Form ACO-1  
June 2009  
Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

OPERATOR: License # 32679  
Name: AAS Oil Company, Inc.  
Address 1: 2508 Edgemont Dr. Ste.#4  
Address 2: \_\_\_\_\_  
City: Arkansas City State: KS Zip: 67005 + \_\_\_\_\_  
Contact Person: Dennis K. Shurtz  
Phone: ( 620 ) 442 7940  
CONTRACTOR: License # 32854  
Name: Gulick Drilling Company  
Wellsite Geologist: Mike Engelbrech  
Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well     Re-Entry     Workover
- Oil     WSW     SWD     SLOW
- 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 #: \_\_\_\_\_

4-8-11	4-15-11	4-28-11
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 035-24404-00-00

Spot Description: \_\_\_\_\_

SW NW NE Sec. 20 Twp. 34 S. R. 3  East  West

990 Feet from  North /  South Line of Section

2,310 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Cowley

Lease Name: Jimmerson Well #: 1-20

Field Name: Gibson

Producing Formation: Mississippi

Elevation: Ground: 1150 Kelly Bushing: 1158

Total Depth: 3470 Plug Back Total Depth: 3448

Amount of Surface Pipe Set and Cemented at: 318 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: 3300 ppm Fluid volume: 500 bbls

Dewatering method used: Natural

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**RECEIVED**  
**OCT 17 2011**

**KCC WICHITA**

**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: [Signature]  
Title: President Date: 10-12-11

**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: Dlg Date: 10/19/11

Operator Name: AAS Oil Company, Inc. Lease Name: Jimmerson Well #: 1-20  
 Sec. 20 Twp. 34 S. R. 3  East  West County: Cowley

**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 type="checkbox"/> Yes <input checked="" 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 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>Mississippi</td> <td>3403</td> <td>- 2253</td> </tr> </table>	Name	Top	Datum	Mississippi	3403	- 2253
Name	Top	Datum					
Mississippi	3403	- 2253					

CASING RECORD <input 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	319	Common	200	
Product	7 7/8	4 1/2	10.5	3470	Class A	180	

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 <i>(Amount and Kind of Material Used)</i>	Depth
2	Mississippi - 3403-3406	300 gal. MCA	3403-3406

TUBING RECORD: Size:      Set At:      Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>RECEIVED</b> <b>OCT 17 2011</b> <b>KCC WICHITA</b>
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	Oil Bbls. <u>10</u>	Gas Mcf <u>20</u> Water Bbls.      Gas-Oil Ratio      Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC



**ENTERED**

TICKET NUMBER 30967  
LOCATION # 80 E Dorado  
FOREMAN Jacob Storm

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

Api# 035-24404-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
4-15-11	1091	Jimmerson 1-20	20	34 S	3 E	Cowley																
CUSTOMER AAS oil			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>290</td> <td>Jeff</td> <td></td> <td></td> </tr> <tr> <td>502</td> <td>Jerid</td> <td></td> <td></td> </tr> <tr> <td>511</td> <td>Jacob</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	290	Jeff			502	Jerid			511	Jacob		
TRUCK #	DRIVER	TRUCK #					DRIVER															
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502	Jerid																					
511	Jacob																					
MAILING ADDRESS 2508 Edgemont Dr. Suite #4																						
CITY Arkansas city		STATE KS	ZIP CODE 67005		Safety meeting J.S. J.D.																	

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 332 CASING SIZE & WEIGHT 8 5/8  
 CASING DEPTH 319 DRILL PIPE N/A TUBING N/A OTHER \_\_\_\_\_  
 SLURRY WEIGHT 4 lb SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 19, 937 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 3bpm

REMARKS: Safety meeting, Break circulation, mixed 180 sks class A 2 1/2 gal 3 1/2 cc 1/2 lb poly per sack, displaced with 19 bbl water and plug circulate cement to surface at 9 bbl displacement.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	775.00	775.00
5406	62	MILEAGE	4.00	248.00
5407A	62	ton mileage X 8.46 ton X	1.26	660.90
1104S	180sks	class A cement	14.25	2565.00
1102	400lbs	calcium chloride	0.70	280.00
1107	100lbs	Poly-Flakes	2.22	222.00
1118B	350lbs	gel	0.20	70.00
4432	1	8 5/8 wooden plug	80.00	80.00
RECEIVED				
OCT 17 2011			Subtotal	4900.90
KCC WICHITA			SALES TAX	218.76
			ESTIMATED TOTAL	5119.66

Ravin 3737

040618

AUTHORIZATION mi [signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 30979  
LOCATION El Dorado #80  
FOREMAN LARRY J. THOM

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**

**CEMENT APT 15-035-24404-00-00**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-19-11	1091	Jimmerson 1-20	20	345	3E	Cowley
CUSTOMER		AAS Oil Co.				
MAILING ADDRESS		2508 Edgemont Dr Ste #4				
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
Arkansas City	Ks	67005	467	Ron M.		
			491	Steve		
			539	LARRY		
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
MOB	7 7/8	3470	4 1/2 11.6 lb			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
3467						
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
15.0	46	7.15	2 ft			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
35.14	975	100	5.43 bbls			
REMARKS: Party Meeting - Ripped up 4 1/2 Csg - Pump 5 bbls water ahead - mixed 200 sks Thick Set + 5 lbs Gal-seal per sk. Flushed pump & pipes - Released Plug. Left at 975 lbs - Landered plug at 1400 lbs. - Released float held.						

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	62	MILEAGE	4.00	248.00
5402	968	Footage	.21	203.28
1126A	200	sk. Thick Set	18.30	3660.00
1110A	1000	lbs Gal-Seal	.44	440.00
5407A	62	Bulk Delivery x 11 tons x	1.26	839.32
4161	1	4 1/2 AFU float shoe	286.00	286.00
4453	1	4 1/2 latch down plug	232.00	232.00
4103	2	4 1/2 Cement Baskets	218.00	436.00
4129	8	4 1/2 Centralizers	42.00	336.00
RECEIVED				
OCT 17 2011				
			WICHITA	7675.60
			SALES TAX	366.63
			ESTIMATED TOTAL	8042.13

Ravin 3737

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.