



KANSAS CORPORATION COMMISSION 1066193
OIL & GAS CONSERVATION DIVISION

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 # 33813
Name: Jason Oil Company, LLC
Address 1: 3718- 83RD ST
Address 2: PO BOX 701
City: RUSSELL State: KS Zip: 67665 + 0701
Contact Person: James Schoenberger
Phone: (785) 483-4204
CONTRACTOR: License # 33350
Name: Southwind Drilling, Inc.
Wellsite Geologist: Francis Whisler
Purchaser: _____

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 #: _____

<u>10/13/2011</u>	<u>10/19/2011</u>	<u>10/20/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-009-25621-00-00
Spot Description: _____
NE SW NE NW Sec. 15 Twp. 16 S. R. 15 East West
700 Feet from North / South Line of Section
1970 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barton
Lease Name: FUNK Well #: 1
Field Name: Wildcat
Producing Formation: n/a
Elevation: Ground: 1972 Kelly Bushing: 1981
Total Depth: 3505 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 223 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: 4000 ppm Fluid volume: 400 bbls
Dewatering method used: Evaporated
Location of fluid disposal if hauled offsite:
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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.

Submitted Electronically

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: Deanna Garrison Date: 11/09/2011



1066193

Operator Name: Jason Oil Company, LLC Lease Name: FUNK Well #: 1
 Sec. 15 Twp. 16 S. R. 15 East West County: Barton

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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	anhydrite	1004	+977
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	topeja	2924	-943
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	heebner	3153	-1172
List All E. Logs Run:		Toronto	3170	-1189
Radiation-Gaurd		lansing	3212	-1231
		arbuckle	3471	-1490
		Total Depth	3505	-1524

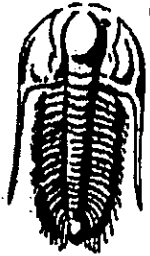
CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12.2500	8.6250	0	322	common	250	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 <i>(Amount and Kind of Material Used)</i>	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	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: _____ _____
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**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Prepared For: **Jason Oil Company LLC.**

PO Box 701
Russell KS 67665

ATTN: Herb Deines

Funk #1

15-16s-15w Barton,KS

Start Date: 2011.10.18 @ 02:20:00

End Date: 2011.10.18 @ 08:30:30

Job Ticket #: 44331

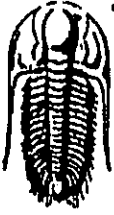
DST #: 1

Jason Oil Company LLC. 15-16s-15w Barton,KS Funk #1 DST # 1 Kansas City "H+" 2011.10.18

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

ORIGINAL

Printed: 2011.10.26 @ 16:49:38



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Jason Oil Company LLC

15-16s-15w Barton, KS

PO Box 701
Russell KS 67665

Funk #1

Job Ticket 44331 DST#: 1

ATTN Herb Delnes

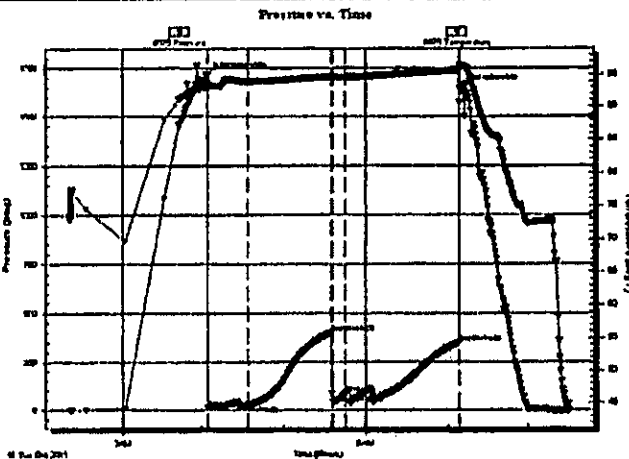
Test Start 2011 10.18 @ 02:20:00

GENERAL INFORMATION:

Formation: Kansas City "H-I"
 Deviated No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole (Initial)
 Time Tool Opened: 04:04:30 Tester: Jace McKinney
 Time Test Ended: 08:30:30 Unit No: 28
 Interval: 3345.00 ft (KB) To 3385.00 ft (KB) (TVD) Reference Elevations: 1979.00 ft (KB)
 Total Depth: 3385.00 ft (KB) (TVD) 1972.00 ft (CF)
 Hole Diameter: 7.88 inches Hole Condition: Fair KB to GR/CF: 7.00 ft

Serial #: 8675 Inside
 Press@RunDaph: 83.15 psig @ 3346.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2011.10.18 End Date: 2011.10.18 Last Calib.: 2011 10 18
 Start Time: 02 20:01 End Time: 08:30:30 Time On Blm 2011.10.18 @ 04 04:15
 Time Off Btm 2011.10.18 @ 07 09 15

TEST COMMENT: Built to 1 1/4" blow
 No return blow
 Very weak surface blow
 No return blow



PRESSURE SUMMARY

Time (Mn.)	Pressure (psig)	Temp (deg F)	Annotation
0	1711.33	93.70	Initial Hydro-static
1	14.92	93.00	Open To Flow (1)
30	23.55	93.97	Shut-In(1)
90	397.39	94.65	End Shut-In(1)
92	35.39	94.50	Open To Flow (2)
101	83.15	94.57	Shut-In(2)
185	348.73	95.61	End Shut-In(2)
185	1846.08	96.29	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
15.00	100% Mud w ith few Oil spots	0.21

Gas Rates

Choke (in/ft)	Pressure (psig)	Gas Rate (Mcfd)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Jason Oil Company LLC.

15-16s-15w Barton,KS

PO Box 701
Russell KS 67665

Funk #1

Job Ticket 44331 DST#: 1

ATTN: Herb Deines

Test Start: 2011.10.18 @ 02:20:00

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 52.00 sec/qt
Water Loss: 8.79 in³
Resistivity: 0.00 ohm.m
Salinity: 4000.00 ppm
Filter Cake: inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

O.A.P. deg API
Water Salinity: ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
15.00	100%Mud with few Oil spots	0.210

Total Length: 15.00ft Total Volume: 0.210 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:

QUALITY OILWELL CEMENTING, INC.

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 5230

Date	10/19/11	Sec.	15	Twp.	16	Range	15	County	Butler	State	KS	On Location		Finish	12:00 PM
Lease	Back	Well No.	1			Location: 2 N, 20 W, S 15 T16									
Contractor	Sawmold Drilling							Owner							
Type Job	PTA							To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish Cementer and helper to assist owner or contractor to do work as listed.							
Hole Size	7 7/8"		T.D.		3505'										
Csg.			Depth		Charge To: 2005-2010										
Tbg. Size			Depth		Street										
Tool			Depth		City State										
Cement Left in Csg.			Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.										
Meas Line			Displace		Cement Amount Ordered: 2005-2010 1 1/2 yds										

EQUIPMENT

Pumptrk	No.	Cementer	Helper	Common	123
Bulktrk	No.	Driver	Driver	Poz. Mix	82
Bulktrk	No.	Driver	Driver	Gel.	7

JOB SERVICES & REMARKS

Remarks:		Calcium
Rat Hole:	30" x	Hulls
Mouse Hole:	15" x	Salt
Centralizers		Flowseal
Baskets		Kol-Seal
D/V or Port Collar		Mud CLR 48
		CFL-117 or CD110 CAF 38
		Sand
		Handling
		Mileage

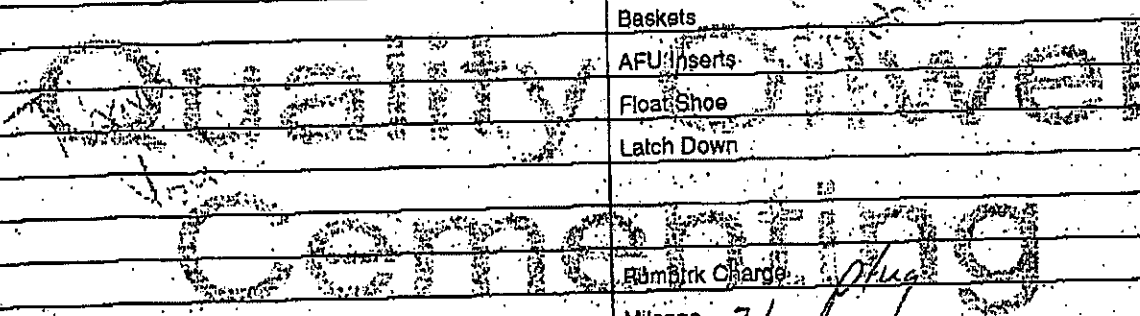
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NOV 09 2011

KCC WICHITA

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	4" x 10" x 10"
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	
Remark Charge	Plug
Mileage	21
Tax	
Discount	
Total Charge	

Signature: [Handwritten Signature]



QUALITY OILWELL CEMENTING, INC.

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 5224

Date	10/13/11	Sec	13	Twp.	16	Range	15	County	Butler	State	KS	On Location		Finish	8:45 PM	
Lease	Fink		Well No.	1		Location (City, State, Zip)										
Contractor	Southwind		Well No.	1		Owner										
Type Job	Surface		To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cement and helper to assist owner or contractor to do work as listed.													
Hole Size	12 1/4"		T.D.	223												
Csg.	7 5/8"		Depth	223												
Tbg. Size			Depth													
Tool			Depth													
Cement Left in Csg.	15		Shoe Joint													
Meas Line			Displace	3 1/2 bbl.		Cement Amount Ordered 150 x Con 5 all day										

EQUIPMENT

Pumptrk	No.	Cement Helper	Common	150
Bulktrk	No.	Driver	Poz. Mix	
Bulktrk	No.	Driver	Gel.	3
		Driver	Calcium	5

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
	Sand
	Handling
	Mileage
	Guide Shoes
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down
	Pumptrk Charge
	Mileage
	Tax
	Discount
	Total Charge

RECEIVED
NOV 09 2011

KCC MICHITA

Quality Oilwell Cementing

Signature _____