



KANSAS CORPORATION COMMISSION 1070427
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 # 33514
Name: Jo-Allyn Oil Co., Inc.
Address 1: PO BOX 446
Address 2: _____
City: LAVERNE State: OK Zip: 73848 + 0446
Contact Person: ALLEN BARBY
Phone: (580) 921-3366
CONTRACTOR: License # 33549
Name: Landmark Drilling, LLC
Wellsite Geologist: LARRY GROSSMAN
Purchaser: PLAINS MARKETING

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 #: _____

05/10/2010	06/11/2010	07/23/2010
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-119-21260-00-00
Spot Description: _____
SW SE SE Sec. 20 Twp. 33 S. R. 29 East West
330 Feet from North / South Line of Section
990 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Meade
Lease Name: SHINOGL TRUST Well #: 1-20
Field Name: SINGLEY
Producing Formation: chester
Elevation: Ground: 2642 Kelly Bushing: 2655
Total Depth: 6260 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 1600 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1600
feet depth to: 0 w/ 550 sx cm.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 60000 ppm Fluid volume: 2000 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 Garcia Date: 12/21/2011



1070427

Operator Name: Jo-Allyn Oil Co., Inc. Lease Name: SHINOGL TRUST Well #: 1-20
 Sec. 20 Twp. 33 S. R. 29 East West County: Meade

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 Wireline 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: DUAL INDUCTION DUAL COMPENSATED POROSITY MICROLOG	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Attached Attached Attached
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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
CONDUCTOR	32	20	30	40	GROUT	8	GROUT
SURFACE	12.5	8.625	24	1600	CLASS A	550	3% CA3%GEL
PRODUCTION	8.625	4.5	10.5	6238	CLASS A	330	3% CA 3%GEL

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
— Perforate				
— Protect Casing	-			
— Plug Back TD				
— 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
4	5832-5840	500 GAL 10%NEFE 23 BBLS 3%KCL	5832
4	5878-5882	400 GAL 10% NEFE 23 BBLS 3% KCL	5878
4	5890-5892	220 GAL 15%HCL 18 BBL 2% KCL	5890
4	5932-5936	300 GAL 15%HCL 15 BBLS 3%KCL	5932

TUBING RECORD: Size: <u>2.3750</u> Set At: <u>6117.5</u> Packer At: _____		Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>01/01/2011</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
Estimated Production Per 24 Hours	Oil Bbls. <u>2</u>	Gas Mcf <u>0</u> Water Bbls. <u>4</u> 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 checked="" 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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Form	ACO1 - Well Completion
Operator	Jo-Allyn Oil Co., Inc.
Well Name	SHINOGL TRUST 1-20
Doc ID	1070427

Tops

HEEBNER	4468'	-1813'
TORONTO	4476'	-1827'
LANSING	4614'	-1959'
CHECKERBOARD	5066'	-2411'
MARMATON	5190'	-2535'
CHEROKEE	5466'	-2811'
ATOKA	5714'	-3059'
MORROW A	5795'	-3140'
MORROW B	5800'	-3145'
CHESTER	5905'	-3250'
STGENEVIEVE	6160'	-3505'
ST LOUIS	6222'	-3567'
TD	6260'	

ALLIED CEMENTING CO., LLC. 041508

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

SERVICE POINT: Medicine Lodge, KS

DATE <u>061110</u>	SEC. <u>20</u>	TWP. <u>32s</u>	RANGE <u>29w</u>	CALLED OUT	ON LOCATION	JOB START <u>3:00 Am</u>	JOB FINISH <u>4:00 Am</u>
LEASE <u>Shingler Well # 4</u>			LOCATION <u>Mende, KS, 8s, 4w, 1s, 1/4 sec into</u>		COUNTY <u>Mende</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Landmark OWNER Jo Allen Oil

TYPE OF JOB Production Casing

HOLE SIZE 7 7/8 T.D. 6260

CASING SIZE 4 1/2 DEPTH 6238

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 1500 MINIMUM _____

MEAS. LINE _____ SHOE JOINT 44'

CEMENT LEFT IN CSG. 44'

PERFS. _____

DISPLACEMENT 78 1/2 Bbls Fresh H₂O

EQUIPMENT

PUMP TRUCK CEMENTER D. Folin

360-265 HELPER M. Thimesch

BULK TRUCK # 356-252 DRIVER M. Coley

BULK TRUCK # _____ DRIVER _____

CEMENT

AMOUNT ORDERED 80s x 60:40:60 gel + 3#
Kalsol + 4# Floreal # 250 s x class # + 10%
94p + 10% salt + 6# Kalsol + .5% FC 160

COMMON A	<u>48</u> OK	@ <u>15.45</u>	<u>741</u> ⁶⁰
POZMIX	<u>32</u> SK	@ <u>8.00</u>	<u>256</u> ⁰⁰
GEL	<u>4</u> SK	@ <u>20.00</u>	<u>83</u> ⁰⁰
CHLORIDE		@	
ASC		@	
Floreal	<u>20</u> ⁰⁰	@ <u>2.50</u>	<u>50</u> ⁰⁰
H	<u>250</u> SK	@ <u>16.75</u>	<u>4187</u> ⁰⁰
Gyp-seal	<u>24</u> SK	@ <u>29.20</u>	<u>700</u> ⁰⁰
Salt	<u>27</u> SK	@ <u>12.00</u>	<u>324</u> ⁰⁰
Kalsol	<u>1740</u> ⁰⁰	@ <u>.89</u>	<u>1548</u> ⁰⁰
FL-160	<u>117</u>	@ <u>13.00</u>	<u>1521</u> ⁰⁰
HANDLING	<u>330</u>	@ <u>2.40</u>	<u>792</u> ⁰⁰
MILEAGE	<u>89/330/10</u>	@	<u>1155</u> ⁰⁰
			TOTAL <u>11,394</u> ⁰⁰

REMARKS:

Pipe on Bragg Bank Casing, Plug Rat & Mouse
Ables w/ 40s x Cement Pump, 40s x Scavenger
Cement Mix 250s x Tail Cement Stop Pump
Wash Pump & Casing Release Plug, Start Dip
w/ Fresh H₂O, Sec. Steady increase in LR
Slow Rate Pump Plug at 78 1/2 Bbls total
Displ., Release Plug, Float Dil Hold

SERVICE

DEPTH OF JOB	<u>6260</u>	@ <u>38'</u>	
PUMP TRUCK CHARGE		@	<u>225</u> ⁰⁰
EXTRA FOOTAGE		@	
MILEAGE	<u>35</u>	@ <u>7.00</u>	<u>245</u> ⁰⁰
MANIFOLD	<u>Hand Rental</u>	@ <u>1/c</u>	
			TOTAL <u>2540</u> ⁰⁰

CHARGE TO: Jo Allen Oil

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

L-TRP	@	<u>74</u> ⁰⁰	
L-Guide Shoe	@	<u>100</u> ⁰⁰	
L-AFU insert	@	<u>112</u> ⁰⁰	
10-Centralizers	@ <u>32.00</u>	<u>320</u> ⁰⁰	
			TOTAL <u>608</u> ⁰⁰

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 ALLEN BARBY

SIGNATURE Allen Barby

SALES TAX (if Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

ALLIED CEMENTING CO., LLC. 041498

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

SERVICE POINT:
Medicine Lake KS

DATE <u>05/14/10</u>	SEC. <u>20</u>	TWP. <u>32S</u>	RANGE <u>29W</u>	CALLED OUT	ON LOCATION	JOB START <u>5:45 PM</u>	JOB FINISH <u>6:45 PM</u>
LEASE <u>Shimole Trust</u>	WELL # <u>4</u>	LOCATION		COUNTY <u>Meade</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one)							

CONTRACTOR Landmark OWNER Jo Allyn oil

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 1602

CASING SIZE 8 5/8 DEPTH 1598

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX 1500 MINIMUM -

MEAS. LINE SHOE JOINT 40

CEMENT LEFT IN CSG: 40

PERFS.

DISPLACEMENT 99 Bbls Fresh H₂O

EQUIPMENT

CEMENT AMOUNT ORDERED 550 x 65:35:6.7 gal + 3% cc + 1/4 # Floceal + 150 x chert + 1% + 2 1/2 gal

COMMON	<u>A 150 sx @ 15.43</u>	<u>2317.50</u>
POZMIX		
GEL	<u>3 sx @ 20.00</u>	<u>60.00</u>
CHLORIDE	<u>23 sx @ 58.00</u>	<u>1338.00</u>
ASC		
<u>ALW 550 sx @ 14.00</u>		<u>8140.00</u>
<u>Floceal 127 @ 2.50</u>		<u>317.50</u>
HANDLING	<u>700 @ 2.40</u>	<u>1680.00</u>
MILEAGE	<u>200/35/.10</u>	<u>2450.00</u>
TOTAL		<u>16,306.00</u>

PUMP/TRUCK CEMENTER D. Felio / T. Becker

372 HELPER D. Franklin

BULK TRUCK

353-250 DRIVER C. Baulding

BULK TRUCK

363-290 DRIVER D. Felio

REMARKS:

Pipe on Bttm Break Circ. Pump Spacer. Mix 550sx lite w/ht cement, Mix tail Cement. Stop Pump, Release Plug. Start Disp. w/ Fresh H₂O, Wash up on Plug. See Steady increase in P.S. Slam Rate. Bump Plug at 99-Bbls total Disp., Cement + Dil Cisc. Release P.S. Float Did Hold Left Head.

CHARGE TO: Jo Allyn oil Co.

STREET:

CITY: STATE: ZIP:

SERVICE

DEPTH OF JOB 1598

PUMP/TRUCK CHARGE 1018.00

EXTRA FOOTAGE 1300 @ .85 1105.00

MILEAGE 35 @ .70 245.00

MANIFOLD Head Rental @ 14.00

TOTAL 2368.00

PLUG & FLOAT EQUIPMENT

<u>1- Guide Shoe</u>	@	<u>257.00</u>
<u>1- AFU insert</u>	@	<u>158.00</u>
<u>2- Baskets</u>	@ <u>221.00</u>	<u>442.00</u>
<u>1- TRP</u>	@ <u>113.00</u>	<u>113.00</u>
TOTAL		<u>971.00</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 ALLEN Baerby

SIGNATURE Allen Baerby

SALES TAX (If Any)

TOTAL CHARGES 2368.00

DISCOUNT 0.00 IF PAID IN 30 DAYS

8 5/8