



KANSAS CORPORATION COMMISSION 1070749
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 # 34321
Name: Ad Astra Oil Corporation
Address 1: PO BOX 3715
Address 2: _____
City: OLATHE State: KS Zip: 66063 + _____
Contact Person: Matt Edwards
Phone: (913) 314-5560
CONTRACTOR: License # 32834
Name: JTC Oil, Inc.
Wellsite Geologist: NA
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 #: _____

10/7/2011 10/12/2011 10/25/2011

Spud Date or
Recompletion Date Date Reached TD Completion Date or
Recompletion Date

API No. 15 - 15-121-28937-00-00

Spot Description: _____

N2 NE SW Sec. 26 Twp. 18 S. R. 22 ☒ East ☐ West

2310 Feet from ☐ North / ☒ South Line of Section

3300 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Miami

Lease Name: Schoof Well #: 18

Field Name: Paola-Rantoul

Producing Formation: Peru

Elevation: Ground: 957 Kelly Bushing: 0

Total Depth: 400 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 20 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: 20 w/ 3 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1500 ppm Fluid volume: 80 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 Gentico Date: 12/27/2011



1070749

Operator Name: Ad Astra Oil Corporation Lease Name: Schoof Well #: 18
 Sec. 26 Twp. 18 S. R. 22 ☒ East ☐ West County: Miami

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 ☐ Yes ☒ No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey ☐ Yes ☒ No Cores Taken ☐ Yes ☒ No Electric Log Run ☒ Yes ☐ No Electric Log Submitted Electronically ☒ Yes ☐ No <i>(If no, Submit Copy)</i> List All E. Logs Run: GammaRay/Neutron/CCL	☐ Log Formation (Top), Depth and Datum ☐ Sample Name Top Datum GammaRay
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CASING RECORD ☒ New ☐ 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	9	7	10	20	Portland	3	50/50 POZ
Completion	5.6250	2.8750	8	377	Portland	65	50/50 POZ

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
2	328.0-334.0	2" DML RTG	6

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: ☐ Yes ☐ No
Date of First, Resumed Production, SWD or ENHR.			Producing Method: ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain) _____		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> ☐ Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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JTC Oil, Inc.

Drillers Log

Well Name Schoof well # 18

API# 15 15-121-28937-00-00

Surface Date 10/7/11 20 ft 6.5

Cement Amounts

3 Sacks

Cement Date 10/12/11

Well Depth 400

Casing Depth 379

Drillers Log

<u>Formation</u>	<u>Depth</u>	<u>Formation</u>	<u>Depth</u>
top soil	0		
shale	3		
lime	23		
shale	28		
lime	33		
shale	35		
lime	59		
shale	61		
lime	81		
shale	93		
lime	103		
black shale	134		
shale	137		
lime	140		
black shale	164		
lime	167		
shale	173		
lime	175		
shale	182		
top soil sand	290-291 good		
	291-292- mix/shale/sand		
	292-293 good		
	293-294 good		
	294-295 mix/ok		
	295-296 mix ok		
	296-297 shale/mix		
	297-298 shale		
shale	297		
lime	300		
shale	308		
top oil sand	322-323		

323-330 shale
330-331 mix ok
331-332 good
332-333 good
333-334 v good
334-335 v good
335-336 lime
336-337 v. good
337-338 good
338-339 good
339-340 shale

oil sand stop	339
shale	339
lime	341
shale	346
stop drilling	400
casing pipe	379

CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 32946

LOCATION Oxhawa XS

FOREMAN *Fred Mader*

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/12/4	1113	Schoof #18	NE 26	18	22	MI
CUSTOMER						
Ad Astra Oil Corp						
MAILING ADDRESS						
865 N Somerset Terr #303						
CITY	STATE	ZIP CODE				
Olathe	KS	66062				

TRUCK #	DRIVER	TRUCK #	DRIVER
506	FREEMAN	Safety	mtg
368	ARLMCD	ARLM	
370	GARMAN	GM	
503	HEIDET	XD	

JOB TYPE <u>Long string</u>	HOLE SIZE <u>6"</u>	HOLE DEPTH <u>387'</u>	CASING SIZE & WEIGHT <u>2 7/8 EUE</u>
CASING DEPTH <u>377'</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT In CASING <u>2 1/2' plug</u>
DISPLACEMENT <u>2.19</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>48 BPM</u>

REMARKS: Establish pump rate. Mix & Pump 100 # Premium Gel Flush. Mix & Pump 65 sks 50/50 Per Mix Cement 2% Gel $\frac{1}{2}$ # Phen Seal/sk. Flush pump & lines clean. Displace $2\frac{1}{2}$ " Rubber plug to casing TD w/ 2.19 ABL Fresh water pressure to 700 #PSI. Hold pressure for 30 min MIT. Release pressure to Set Floet Valve. Shut in casing.

JTC Drilling

Find Madras

[illegible]

Rayin 3737

AUTHORIZATION

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.