



KANSAS CORPORATION COMMISSION 1070746  
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 #:

10/11/2011	10/13/2011	11/12/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-28885-00-00  
Spot Description:  
SE NE SE NW Sec. 26 Twp. 18 S. R. 22 ☒ East ☐ West  
3449 Feet from ☐ North / ☒ South Line of Section  
2807 Feet from ☒ East / ☐ West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
☐ NE ☐ NW ☒ SE ☐ SW  
County: Miami  
Lease Name: Schoof Well #: 6  
Field Name: Paola-Rantoul  
Producing Formation: Peru  
Elevation: Ground: 923 Kelly Bushing: 0  
Total Depth: 360 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: 0  
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 Gantier Date: 12/27/2011



1070746

Operator Name: Ad Astra Oil Corporation Lease Name: Schoof Well #: 6  
 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 <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:  GammaRay/Neutron/CCL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum GammaRay
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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	9	7	10	20	Portland	3	50/50 POZ
Completion	5.6250	2.8750	8	377	Portland	60	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
3	300.5-310.5	2" DML RTG	10

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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# JTC Oil, Inc.

## Drillers Log

Well Name Schoof well # 6

API# 15 15-121-28885-00-00

Cement Amounts

Surface Date 10/11/11 20 ft 6.5

3 Sacks

Cement Date 10/13/11

Well Depth 360

Casing Depth 347

## Drillers Log

<u>Formation</u>	<u>Depth</u>	<u>Formation</u>	<u>Depth</u>
top soil	0		
shale	3		
lime	10		
shale	18		
lime	57		
shale	69		
lime	78		
black shale	110		
lime	115		
shale	138		
lime	142		
shale	160		
top oil sand	264-265 mix		
	265-266 good		
	266-267 ok		
	267-268 v good		
	268-269 mix -shale		
	269-270 mix		
	270-271 shale/oilsand		
	271-272 shale		
shale	271		
#2 oil sand			
	300-301- mix		
	301-302 good		
	302-303 ok		
	303-304 good		
	304-305 good		
	305-306 lime/sand		
	306-307 v good		
	307-308 v good		
	308-309- v good		

309-310 v good

310-311 v good

311-312 lime

312-313

313-314

oil sand stop 311

lime	311
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shale	313
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stop drilling	360
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casing pipe	347
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PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

TICKET NUMBER 32947

LOCATION B. Yama KC

FOREMAN Fred Mader

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE		CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/13/11		1113	Schoof # 6	NE 26	18	22	MI
CUSTOMER Ad Astra Oil Corp							
MAILING ADDRESS 865 N. Somerset Terr. #303							
CITY Olathe		STATE KS	ZIP CODE 66062				
JOB TYPE Long string		HOLE SIZE 6"	HOLE DEPTH 360'	CASING SIZE & WEIGHT 2 7/8 LUG			
CASING DEPTH 347'		DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT		SLURRY VOL	WATER gal/sk	CEMENT LEFT IN CASING 2 1/2" Plug			
DISPLACEMENT 2 BBL		DISPLACEMENT PSI	MIX PSI	RATE 4.3 PM			
REMARKS: Establish circulation. Mix & Pump 100# Premium Gel Flush. Mix & Pump 55 SKS 50/50 Pos mix Cement 2 7/8 Gel 1/2" Pheno Seal/sk. Cement to surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug to casing TD w/ 2 BBL fresh water. Pressure to 700# PSI. Release pressure to set float valve Shut in Casing							

JTC Drilling

Fred Maden

[illegible]

Ravin 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.