



KANSAS CORPORATION COMMISSION 1077053
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: Jim Schoenberger
Phone: (785) 483-4204
CONTRACTOR: License # 33905
Name: Royal Drilling Inc
Wellsite Geologist: Jeff Lawler
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 (Corr. 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 #: _____

3/7/2012 3/14/2012 3/14/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-065-23810-00-00
Spot Description: _____
N2 SE NE NW Sec. 16 Twp. 6 S. R. 22 East West
930 Feet from North / South Line of Section
2310 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Graham
Lease Name: Keiswetter Well #: 3
Field Name: _____
Producing Formation: N/A
Elevation: Ground: 2334 Kelly Bushing: 2346
Total Depth: 3841 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 278 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: 11000 ppm Fluid volume: 500 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 Approved by: NAOMI JAMES Date: 03/29/2012



1077053

Operator Name: Jason Oil Company, LLC Lease Name: Keiswetter Well #: 3
 Sec. 16 Twp. 6 S. R. 22 East West County: Graham

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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Micro Dual Compensated Dual Induction	<input checked="" 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>ANHYDRITE</td> <td>1999</td> <td>347</td> </tr> <tr> <td>BASE</td> <td>2030</td> <td>316</td> </tr> <tr> <td>TOPEKA</td> <td>3347</td> <td>-1001</td> </tr> <tr> <td>HEEBNER SHALE</td> <td>3544</td> <td>-1198</td> </tr> <tr> <td>TORONTO</td> <td>3569</td> <td>-1223</td> </tr> <tr> <td>LKC</td> <td>3587</td> <td>-1241</td> </tr> <tr> <td>BKC</td> <td>3776</td> <td>-1437</td> </tr> </table>	Name	Top	Datum	ANHYDRITE	1999	347	BASE	2030	316	TOPEKA	3347	-1001	HEEBNER SHALE	3544	-1198	TORONTO	3569	-1223	LKC	3587	-1241	BKC	3776	-1437
Name	Top	Datum																							
ANHYDRITE	1999	347																							
BASE	2030	316																							
TOPEKA	3347	-1001																							
HEEBNER SHALE	3544	-1198																							
TORONTO	3569	-1223																							
LKC	3587	-1241																							
BKC	3776	-1437																							

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	12.25	8.625	0	278	common	200	3%cc 2%gel

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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	--	--

QUALITY OILWELL CEMENTING, INC.

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

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

No. 5459

3-8-12

Date	3-7-12	Sec.	16	Twp.	6	Range	22	County	Gove	State	KS	On Location	115 Ave	Finish	3-8-12
Lease	Kels...		Well No.	3		Location	115 Ave, K-12-22-16, 101 310 Ave								

Contractor	Owner
Type Job	To Quality Oilwell Cementing, Inc.
Hole Size	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
Csg.	Charge To
Tbg. Size	Street
Tool	City
Cement Left in Csg.	State
Mens Line	The above was done to satisfaction and supervision of owner agent or contractor.

EQUIPMENT

Pumptrk	No.	Cementer	Helper	Common
Bulktrk	No.	Driver	Driver	Poz. Mix
Bulktrk	No.	Driver	Driver	Gel.

JOB SERVICES & REMARKS

Remarks:	Calcium
Rat Hole	Hulls
Mouse Hole	Salt
Centralizers	Flowseal
Baskets	Kol-Seal
D/V or Port Collar	Mud CLR 48
Run 60' of 1" pipe down hole to 10' mark 3" gel, 1" cement 1" gel, 1" cement 1" gel, 1" cement	CFL-117 or CD110 CAF 38
	Sand
	Handling

FLOAT EQUIPMENT

Cement did not circulate	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down
	Pumptrk Charge
	Mileage

Signature: <i>[Handwritten Signature]</i>	Tax
	Discount
	Total Charge

QUALITY OILWELL CEMENTING, INC.

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

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

No. 5764

Date	3-11-12	Sec.	16	Twp.	6	Range	22	County	Geary	State	Ks	On Location		Finish	11:15 AM
Lease	Kellinette		Well No.	3		Location H.C. Ks - N. 1/4 - 4 R1, E 1/4 3100's									
Contractor	Kellinette #1		Owner		Kellinette #1, 1000 N. 1/4 - 4 R1, E 1/4 3100's										
Type Job	Pump		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.	3841'											
Csg.			Depth	Charge To: 5000.00											
Tbg. Size	4 1/2" D.I.		Depth	2025'											
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	1176/1000'		Cement Amount Ordered 220 ss 60/100 40% Gel. 4 AFU.									
EQUIPMENT															
Pumptrk	No.	Cement	Common												
Bulktrk	No.	Driver	Poz. Mix												
Bulktrk	No.	Driver	Gel.												
JOB SERVICES & REMARKS															
Remarks:	Calcium														
Rat Hole	Hulls														
Mouse Hole	Salt														
Centralizers	Flowseal														
Baskets	Kol-Seal														
D/V or Port Collar	Mud CLR 48														
23 ss @ 2025'	CFL-117 or CD110 CAF 38														
10 ss @ 1241'	Sand														
40 ss @ 328'	Handling														
10 ss @ 40' w/ plug	Mileage														
30 ss Kellinette #1	FLOAT EQUIPMENT														
10 ss mouse hole	Guide Shoe														
	Centralizer														
	Baskets														
	AFU Inserts														
	Float Shoe														
	Latch Down														
	1. Plug in plug														
	Pumptrk Charge														
	Mileage														
	Tax														
	Discount														
X Signature	Total Charge														