



KANSAS CORPORATION COMMISSION 1087139
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 # 34320
Name: Lasso Energy LLC
Address 1: PO Box 465
Address 2: 1125 SOUTH MAIN
City: Chase State: KS Zip: 67524 +
Contact Person: BRUCE KELSO
Phone: (620) 259-4000
CONTRACTOR: License # 31529
Name: Mike's Testing & Salvage, Inc.
Wellsite Geologist: N/A
Purchaser: N/A

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: LEON C. SMITHERMAN JR.
Well Name: ASMUSSEN #16-1
Original Comp. Date: 10/15/2007 Original Total Depth: 2700
 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 #: _____

06/21/2012 07/10/2012 07/11/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-015-23749-00-01
Spot Description: E2 NW NW SE
E2 NW NW SE Sec. 16 Twp. 29 S. R. 4 East West
2310 Feet from North / South Line of Section
2245 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Butler
Lease Name: ASMUSSEN Well #: 16-1
Field Name: ASMUSSEN
Producing Formation: ARBUCKLE
Elevation: Ground: 1216 Kelly Bushing: 1220
Total Depth: 3100 Plug Back Total Depth: 3100
Amount of Surface Pipe Set and Cemented at: 226 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: 30000 ppm Fluid volume: 230 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: DK Rush
Lease Name: Rush Disposal License #: 32888
Quarter SE Sec. 8 Twp. 26 S. R. 5 East West
County: Butler Permit #: CD27190-C19536

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: Doanna Garbar Date: 07/18/2012



1087139

Operator Name: Lasso Energy LLC Lease Name: ASMUSSEN Well #: 16-1
 Sec. 16 Twp. 29 S. R. 4 East West County: Butler

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<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
SURFACE	12.25	8.625	20	226	CLASS "A"	150	50# CAL/CHLOR 25# FLO-SEAL
PRODUCTION	7.875	5.5	14	2696	THICK SET	100	KOL-SEAL 50#
LINER	4.875	4.5	10.5	2780	COMMON	150	65/35

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 <i>(Amount and Kind of Material Used)</i>	Depth
	OPEN HOLE	3000 GALS 28% HCL	2780-3100

TUBING RECORD: Size: <u>2.375</u> Set At: <u>2770</u> Packer At: <u>2770</u>		Liner Run: <input checked="" 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 checked="" type="checkbox"/> Other (Explain) <u>SWD</u>	
Estimated Production Per 24 Hours	Oil Bbls. <u>0</u> Gas Mcf <u>0</u> Water Bbls. <u>0</u> Gas-Oil Ratio <u>0</u> Gravity <u>0</u>	

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 checked="" 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: <u>2780-3100</u>
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Form	ACO1 - Well Completion
Operator	Lasso Energy LLC
Well Name	ASMUSSEN 16-1
Doc ID	1087139

Tops

Kansas City	2123	-903
Base Kansas City	2341	-1140
Cleveland	2388	-1168
Marmaton	2424	-1204
Cherokee	2527	-1307
Ardmore	2590	-1370
Kinderhook	2661	-1441
Arbuckle	2696	-1476
RTD	3100	-1880

COPELAND

Acid & Cement 

FIELD ORDER N° C 39784

BOX 438 • HAYSVILLE, KANSAS 67080
316-834-1225

DATE 01/27/12 20__

IS AUTHORIZED BY: Lasso Energy NAME OF CUSTOMER
 Address _____ City _____ State _____
 To Treat Well As Follows: Lasso Aarhusson Well No. 16-1 SW4 Customer Order No. _____
 Sec. Twp. _____ County Conley State Ks

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the heretofore mentioned well and is not to be held liable for any damage that may occur in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 90 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedule.
 The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED
 By _____ Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	45	mileage pump truck	4. ⁰⁰	180. ⁰⁰
	45	mileage pickup	2. ⁰⁰	90. ⁰⁰
	1	Pump Charge		950. ⁰⁰
	150	65/35 perc. 20% sol.	9. ¹⁷	1,387. ⁵⁰
	6	40% add. sol.	22. ⁰⁰	132. ⁰⁰
	100 ^d	C-37	3. ⁷⁵	375. ⁰⁰
	1	4 1/2" Float Shoe		265. ⁰⁰
	1	4 1/2" wire plug		65. ⁰⁰
	150	Bulk Charge	1. ¹⁵	147. ⁵⁰
		Bulk Truck Miles $6.95 \times 45 = 312.75$ Tax 1.10	1. ¹⁰	344. ⁰⁰
		Process License Fee on _____ Gallons		
		TOTAL BILLING		4,006.⁰⁰

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Nathan W.

Station G.B.

Curtis Kelso.
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



FIELD ORDER N° C 39795

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 7/10 20 12

IS AUTHORIZED BY: LASCO (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease ASM955CN Well No. # 16-1 Customer Order No. _____

Sec. Twp. Range _____ County Butler State Ko

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 8% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator _____ By _____ Agent _____

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	60 miles	mileage charge - +318	4.00	240.00
	60 miles	mileage charge - +328	4.00	240.00
	60 miles	pickup mileage charge	2.00	120.00
		Acid Pump Charge		550.00
	3000 gals	28% FE	3.29	9870.00
	12 gals	Corrosion Inhibitor	35.00	420.00
		Bulk Charge		
		Bulk Truck Miles		
		Process License Fee on _____ Gallons		
TOTAL BILLING				11,440.00

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative [Signature]

Station GB [Signature]
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. _____

Date: 07/12/2012 District: GB F.O. No.: 39795
 Company: Kass Energy Inc
 Well Name & No.: Asmusen #16-1-SWD
 Location: _____ Field: _____
 County: Butler State: KY
 Casing: Size: 4 Type & Wt.: _____ Set at: _____ ft.
 Formation: _____ Perf. to: _____
 Formation: _____ Perf. to: _____
 Formation: _____ Perf. to: _____
 Liner: Size: _____ Type & Wt.: _____ Top at: _____ ft. Bottom at: _____ ft.
 Cemented: Yes/No _____ Perforated from: _____ ft. to: _____ ft.
 Tubing: Size & Wt.: 2 7/8 EWING at: _____ ft.
 Perforated from: _____ ft. to: _____ ft.
 Open Hole Size: _____ T.D. _____ ft. P.D. to: _____ ft.

Type Treatment: AML Type Fluid: _____ Sand Size: _____ Pounds of Sand: _____
 Shown: _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush: _____ Bbl./Gal. _____
 Treated from: _____ ft. to _____ ft. No. ft. _____
 from: _____ ft. to _____ ft. No. ft. _____
 from: _____ ft. to _____ ft. No. ft. _____
 Actual Volume of Oil/Water to Load Hole: _____ Bbl./Gal.
 Pump Trucks: No. Used: 328 Us: _____ Twin _____
 Auxiliary Equipment: 318
 Packer: _____ Set at: _____ ft.
 Auxiliary Tools: _____
 Plugging or Sealing Materials: Type: _____

Company Representative: Curtis Kelso Treater: Michael A. Romo

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
1:00				Active Pool Hoop Keep Pump
1:20	260		4.0	2.0 BBL/min 16 BBL 20% FE Acid 1/2 Shut in Backside
1:23	300		6.0	Pump 18 BBL 28% FE Acid 65 BBL Water Flush
1:36	300		18.0	
1:34	300		26.5	3.0 BBL/min
1:37	300		36.0	6.5 BBL Water Flush
1:56	300		101.0	3.25 BBL/min TSD Pull & Joints pipe Retreat
2:12	300			3.0 BBL 28% FE Acid
2:17	500		16.0	3.0 BBL/min
2:22	350		36.0	3.25 BBL/min
	400		3.50	6.5 BBL Water Flush
2:36	450		80.0	3.50
2:42	450		101.0	3.50 TSD
				Rock up Co Home
				Job Complete
				<i>[Signature]</i>

Lasso Energy LLC

Additional Information for ACO-1 Well Completion Report

15-015-23749-00-01

Asmussen #1 SWD

1. Cement was circulated to surface and witnessed by the KCC.
2. Drilling Fluid Management Plan – 230 BBLs of water were hauled off by Maclaskey Oilfield Services. 100 BBLs of water were sent to the Rush Disposal as shown on the face of the ACO-1. The remaining 130 BBLs were taken by Maclaskey to their North Yard to let the BS&W settle.
3. No logs were necessary for this ACO-1 as logs were done by former operator Leon Smitherman, Jr. (ACO-1 from 2008).