



KANSAS CORPORATION COMMISSION 1089447
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 # 34414
Name: John Enterprises, LLC dba Jako Productions
Address 1: 10887 Marion Rd
Address 2: _____
City: Fredonia State: KS Zip: 66736 + _____
Contact Person: Jason John
Phone: (620) 431-8541
CONTRACTOR: License # 33606
Name: Thornton Air Rotary, LLC
Wellsite Geologist: Harley Gilbert
Purchaser: Pacer

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 #: _____

06/28/2011	6/29/2011	8/16/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32093-00-00
Spot Description: _____
E2 NW SW NW Sec. 18 Twp. 31 S. R. 14 East West
1650 Feet from North / South Line of Section
525 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Montgomery
Lease Name: SCHWATKEN Well #: 5-18
Field Name: _____
Producing Formation: Wiser
Elevation: Ground: 961 Kelly Bushing: 0
Total Depth: 1460 Plug Back Total Depth: 1000
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: 1000
feet depth to: 0 w/ 105 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 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 Garrison Date: 08/08/2012



1089447

Operator Name: John Enterprises, LLC dba Jako Productions Lease Name: SCHWATKEN Well #: 5-18
 Sec. 18 Twp. 31 S. R. 14 East West County: Montgomery

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 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 checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Oswego</td> <td>1083</td> <td></td> </tr> <tr> <td>Mississippi</td> <td>1438</td> <td></td> </tr> </table>	Name	Top	Datum	Oswego	1083		Mississippi	1438	
Name	Top	Datum								
Oswego	1083									
Mississippi	1438									

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	9.75	8.625	18	0	Portland	7	
Casing	6.75	4.5	9.5	1000	60/40	105	

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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	1000-1460	60/40 poz	50	Gel 4%

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
2	922-932	300 gallon 15% acid	
		9000 lbs 12/20 sand	

TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>935</u> Packer At: <u>none</u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Date of First, Resumed Production, SWD or ENHR. <u>8/19/2011</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____										
Estimated Production Per 24 Hours	<table style="width:100%; border-collapse: collapse;"> <tr> <td>Oil Bbls.</td> <td>Gas Mcf</td> <td>Water Bbls.</td> <td>Gas-Oil Ratio</td> <td>Gravity</td> </tr> <tr> <td style="text-align: center;">5</td> <td></td> <td style="text-align: center;">20</td> <td></td> <td style="text-align: center;">29</td> </tr> </table>	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	5		20		29
Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity							
5		20		29							

DISPOSITION OF GAS: <input checked="" 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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 31335

LOCATION Eureka

FOREMAN Steve Need

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-125-32093

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-30-11	4046	Schwartz #318	18	313	14E	mg
CUSTOMER <u>Jako Production</u>			TRUCK #			
MAILING ADDRESS <u>10887 Marion Rd</u>			DRIVER			
CITY <u>Frederick</u>			TRUCK #			
STATE <u>Ks</u>			DRIVER			
ZIP CODE <u>66736</u>			TRUCK #			
			DRIVER			

JOB TYPE Long String HOLE SIZE 6 3/4 HOLE DEPTH 1460' CASING SIZE & WEIGHT 4 1/2 9.5
 CASING DEPTH 1009' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 16.4 bbls DISPLACEMENT PSI 500 MIX PSI Bump Plug 100 RATE _____

REMARKS: Safety Meeting. Rig up to 2 3/4 Tubing. Pump 6 bbls Fresh water. Spot 450' Plug. 1460' to 1000' 50SKS 60/40 permix Cement 4% gel. Pull out Tubing. Rig up to 4 1/2" casing. Break circulation w/ 17 bbls Fresh water. Mix 300# Gel Flush. 5 bbls Water spacer. Ann 105 SKS Thick Set Cement w/ 5" Kal Seal per/sks AT 135' depth. Wash out Pump & Lines. Shut down Release Plug. Displace with 16.4 bbls Fresh water. Final pumping Pressure 500# Bump Plug 1000#. Wait 2 min Release Pressure Plug held. Job Complete Rig down

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	40	MILEAGE	4.00	160.00
1131	50 SKS	20/40 permix	11.95	597.50
1118B	120#	Gel 4%	.30	34.00
1126A	105 SKS	Thick Set Cement	18.30	1921.50
1110A	525#	Kal Seal 5" per/sks	.44	231.00
1118B	300#	Gel Flush	.20	60.00
4404	1	4 1/2" Top Rubber Plug	42.00	42.00
5407	7.92	Ton mileage Bulk Trucks	M/c	330.00
			Sub Total	4331.00
			SALES TAX	181.81
			ESTIMATED TOTAL	4532.81

Rev 3737

AUTHORIZATION [Signature] TITLE 042215 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.