



KANSAS CORPORATION COMMISSION 1095834
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 # 32679
Name: AAS Oil Co., Inc.
Address 1: 2508 EDMONT DR STE # 4
Address 2: _____
City: ARKANSAS CITY State: KS Zip: 67005 + 3844
Contact Person: Dennis K. Shurtz
Phone: (620) 442-7940
CONTRACTOR: License # 32854
Name: Gulick Drilling Co., Inc.
Wellsite Geologist: Dan Johnson
Purchaser: Coffeerville Resources

API No. 15 - 15-191-22643-00-00

Spot Description: _____
SE SE SW Sec. 24 Twp. 34 S. R. 2 East West
330 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: Sumner
Lease Name: SCHRAG Well #: 1
Field Name: _____

Producing Formation: Kansas City
Elevation: Ground: 1158 Kelly Bushing: 1167

Total Depth: 3884 Plug Back Total Depth: 3855
Amount of Surface Pipe Set and Cemented at: 260 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.

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 (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 #: _____

04/12/2012 04/19/2012 09/21/2012

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

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 3300 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 I II III Approved by: NAOMI JAMES Date: 10/10/2012



1095834

Operator Name: AAS Oil Co., Inc. Lease Name: SCHRAG Well #: 1
 Sec. 24 Twp. 34 S. R. 2 East West County: Sumner

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 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: Attached	<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>Simpson</td> <td>3802</td> <td>2643</td> </tr> <tr> <td>Mississippi</td> <td>3450</td> <td>2291</td> </tr> <tr> <td>Cleveland</td> <td>3062</td> <td>1903</td> </tr> <tr> <td>Kansas City</td> <td>2958</td> <td>1799</td> </tr> </table>	Name	Top	Datum	Simpson	3802	2643	Mississippi	3450	2291	Cleveland	3062	1903	Kansas City	2958	1799
Name	Top	Datum														
Simpson	3802	2643														
Mississippi	3450	2291														
Cleveland	3062	1903														
Kansas City	2958	1799														

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	23	260	common	180	
Casing	7.875	5.50	15.5	3883	class	175	

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
4	Perf Simpson	150 gal. 15% mca, 350 gal. 10% NFE, fracked w/40 sacks 20/40, 3 sacks 10/20	3800-3866
	Set CIBP @ 3855		
4	Set CIBP @ 3790, Perf Mississippi	300 gal. mca, fracked w.50 Sacks 20/30 3 sacks 12/20	3450-3454
4	Set CIBP @3400, Perf. Cleveland	350 gal. 10% mca, 700 gal 10%	3062-3070
4	Set CIBP @ 3050, Perf. Kansas City	1000 gal. 15% mca, fracked 115 5 sacks 20/40, 5 sacks 12/20	2958-2962, 2993-3000

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
----------------	-------	---------	------------	--

Date of First, Resumed Production, SWD or ENHR. 09/21/2012	Producing Method: <input type="checkbox"/> Flowing <input checked="" 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
	1				

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" 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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
--	---	--

Form	ACO1 - Well Completion
Operator	AAS Oil Co., Inc.
Well Name	SCHRAG 1
Doc ID	1095834

All Electric Logs Run


Dual Induction
Dual compensated Porosity
Microresistivity
Sonic Cement Bond



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 34298

LOCATION 180

FOREMAN Larry Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT

API-15-191-22643-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-13-12	1091	Schrag #1	24	34	2E	Sumner
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
AIAS Oil			446	Mark G.		
MAILING ADDRESS			442	Steve D.		
2508 Edgemont Dr Ste 4			339	Larry		
CITY	STATE	ZIP CODE				
Arkansas City	Ks	67005				

JOB TYPE Surface B HOLE SIZE 10 7/8 HOLE DEPTH 270 CASING SIZE & WEIGHT 8 3/8

CASING DEPTH 268 DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT 15.0 SLURRY VOL. 39 WATER gal/sk _____ CEMENT LEFT in CASING 25 ft

DISPLACEMENT 16.5 DISPLACEMENT PSI 200 MIX PSI 0 RATE 4 1/2 bbls

REMARKS: MPVED 180 sks A + 3% CACL2 + 4% Bd + 1/2 lb Flo-Seal
Displaced with 15 bbls water - Circulated Cement to Surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	825.00	825.00
5406	64	MILEAGE	4.00	256.00
11045	180	sks A	14.95	2691.00
1102	400	lbs CACL2	.74	296.00
1107	90	lbs Poly	2.35	211.50
1118B	350	lbs Bd	.21	73.50
5407A	64	Bulk Delivery x 8.88 tons x	1.34	761.55
			<u>Subtotal</u>	<u>5114.55</u>

049113

SALES TAX _____
ESTIMATED TOTAL 5353.41

AUTHORIZATION [Signature]

TITLE [Signature]

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.



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 34356
LOCATION 180
FOREMAN Larry Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT API-15-191-22643

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-20-12	1091	Schnaug #1	24	34	2E	Demar
CUSTOMER AAS Oil Company			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 2508 Edgemont Dr Ste #4			603	Jeff		
CITY Arkansas City			539	Larry		
STATE KS			442	Mark		
ZIP CODE 67025						

JOB TYPE Prod IS HOLE SIZE 7/8 HOLE DEPTH 3885 CASING SIZE & WEIGHT 5 1/2 15.2 lb
CASING DEPTH 3883 DRILL PIPE TUBING OTHER
SLURRY WEIGHT 15.5 SLURRY VOL 42 WATER gal/sk CEMENT LEFT in CASING 2 ft
DISPLACEMENT 92.44 DISPLACEMENT PSI 1125 MIX PSI -0- RATE 8.8 bbls

REMARKS: Ripped up to 5 1/2 Cog. - Pumped 5 bbls water 12 bbls Mud Flush - 5 bbls water - Mixed 175 sks Thick-set + 870 gal-seal + 5 lb Poly - Washed pump & lines Displaced 92.6 BBLs to land plug at 1325 lbs Good Circulation throughout Job. Land plug at 1325 - Released float held.

ACCOUNT CODE	QUANTITY of UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	65	MILEAGE	4.00	260.00
5402	1384	Footage	.22	304.48
1126A	175	sks Thick-set	19.20	3360.00
1107	100	lbs Poly	2.35	235.00
1110A	1400	lbs Gal-Seal	.46	644.00
1144G	500	gals Mud Flush	1.05	525.00
3407A	65	Bulk Dispersely x 9.94 tons	1.34	865.11
4312	1	5/8 Colbar	65.00	65.00
4310	1	5/8 x 14 nipple	80.00	80.00
4459	1	5 1/2 AFD float shoe	344.00	344.00
4454	1	5 1/2 Latch down	254.00	254.00
4104	3	5 1/2 Cement Baskets	229.00	687.00
4130	7	5 1/2 Centralizers	48.00	336.00
4136	4	5 1/2 Turboplers	60.00	240.00
		Subtotal		9230.25
		SALES TAX		249.22
		ESTIMATED TOTAL		9479.47

Rev'n 3727 249350 DATE 4-20-12
AUTHORIZATION [Signature] TITLE Prod Supt

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.

