



KANSAS CORPORATION COMMISSION 1099313
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 # 34259
Name: JAG Operations, Inc.
Address 1: 710 S. Front
Address 2: PO BOX 628
City: RUSSELL State: KS Zip: 67665 +
Contact Person: Jack Yost
Phone: (785) 483-0271
CONTRACTOR: License # 33350
Name: Southwind Drilling, Inc.
Wellsite Geologist: Mike Bair
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 (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

Plug Back: _____ Plug Back Total Depth: _____

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

ENHR Permit #: _____

GSW Permit #: _____

<u>8/15/2012</u>	<u>8/19/2012</u>	<u>8/19/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-167-23816-00-00

Spot Description:
NE SW NE SE Sec. 28 Twp. 13 S. R. 15 East West
1950 Feet from North / South Line of Section
700 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Russell
Lease Name: Rohleder Well #: 2
Field Name: _____

Producing Formation: Not Producing
Elevation: Ground: 1920 Kelly Bushing: 1929
Total Depth: 3417 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 211 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: 1400 ppm Fluid volume: 4500 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: 11/07/2012



1099313

Operator Name: JAG Operations, Inc. Lease Name: Rohleder Well #: 2
 Sec. 28 Twp. 13 S. R. 15 East West County: Russell

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name Attached	Top Attached	Datum Attached
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 <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				
Dual Induction Compensated Density/Neutron				

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 Pipe	10	8.625	23	211	Common	150	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	0-3420	60/40 Pos	210	4%cc 1/4" Flo Seal

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 <i>(Explain)</i> _____			
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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	JAG Operations, Inc.
Well Name	Rohleder 2
Doc ID	1099313

Tops

Anhydrite	974	+950
Topeka	2819	-895
Heebner	3043	-1119
Toronto	3064	-1140
Lansing	3095	-1171
BKC	3321	-1395
Arbuckle	3349	-1425
TD	3417	-1493

QUALITY WELL SERVICE, INC.

5625

Home Office 324 Simpson St., Pratt, KS 67124

Heath's Cell 620-727-3410
Office / Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	8-15-12	Sec.	34	Twp.	13	Range	15	County	Russell	State	KS	On Location		Finish	5:45-6:15pm
Lease	Kohler		Well No.		2		Location SW of Russell 1/4 N Winto								
Contractor Southwind #2						Owner									
Type Job Surface						To Quality Well Service, 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 12 1/4						T.D. 212						Charge To JAG			
Csg. 8 5/8						Depth 212						Street			
Tbg. Size						Depth						City State			
Tool						Depth						City State			
Cement Left in Csg. 20#						Shoe Joint						The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line						Displace 12.5						Cement Amount Ordered 150sr com 3° bcca 2° bga			
EQUIPMENT															
Pumptrk	No.	8	Coaly		Common 150										
Bulktrk	No.	9	mize		Poz. Mix										
Bulktrk	No.				Gel. 3										
Pickup	No.				Calcium 5										
JOB SERVICES & REMARKS															
Rat Hole						Hulls									
Mouse Hole						Salt									
Centralizers						Flowseal									
Baskets						Kol-Seal									
D/V or Port Collar						Mud CLR 48									
Run 5 H's of 8 5/8 casing and landing it						CFL-117 or CD110 CAF 38									
EST Circulation with mud purp						Sand									
Hookup and mix 150sr and disp with 1 1/2 bbl of H2O - shut in @ 300psi						Handling 158									
Cement Did Circulate						Mileage 5									
FLOAT EQUIPMENT															
						Guide Shoe									
						Centralizer									
						Baskets									
						AFU Inserts									
						Float Shoe									
						Latch Down									
						Pumptrk Charge surface									
						Mileage 5									
Thank you															
X Signature <i>William Anderson</i>												Tax			
												Discount			
												Total Charge			

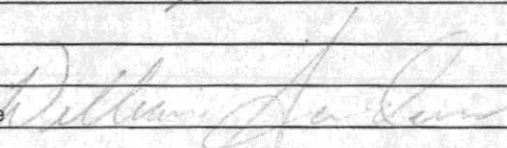
QUALITY WELL SERVICE, INC.

5628

Home Office 324 Simpson St., Pratt, KS 67124

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Office / Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	8-20-12	Sec.	28	Twp.	13	Range	15	County	Russell	State	KS	On Location		Finish	2:30-3:00pm
Lease	Rohleder		Well No.	2		Location Russell, KS SW 1/4 N W10									
Contractor	Southwind #2				Owner										
Type Job	Rotary Plug				To Quality Well Service, 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	T.D. 3420				Charge To SAG										
Csg.	Depth				Street										
Tbg. Size	Depth				City State										
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				Cement Amount Ordered 210 60/40 4% 14# F10										
EQUIPMENT															
Pumptrk	No.	8	Cody		Common 130										
Bulktrk	No.	4	Heath		Poz. Mix 80										
Bulktrk	No.				Gel. 7										
Pickup	No.				Calcium										
JOB SERVICES & REMARKS															
Rat Hole	30sx				Hulls										
Mouse Hole					Salt										
Centralizers					Flowseal 52.50										
Baskets					Kol-Seal										
D/V or Port Collar					Mud CLR 48										
1st plug @ 3328'	= 25sx				CFL-117 or CD110 CAF 38										
2nd plug @ 1000'	= 25sx				Sand										
3rd plug @ 500'	= 80sx				Handling 217										
4th plug @ 275'	40sx				Mileage 5										
FLOAT EQUIPMENT															
10sx = 40' with 8 5/8 dry hole plug					Guide Shoe										
					Centralizer										
					Baskets										
					AFU Inserts										
					Float Shoe										
					Latch Down										
					8 5/8 Dry hole Plug										
					Pumptrk Charge Rotary Plug										
					Mileage 5										
Thank You!!														Tax	
														Discount	
														Total Charge	