



KANSAS CORPORATION COMMISSION 1097883
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: Francis Whisler
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: Jason Oil Company, LLC

Well Name: Schoenberger 3

Original Comp. Date: 3/21/2011 Original Total Depth: 3220

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 #: _____

<u>10/8/2012</u>	<u>10/18/2012</u>	<u>11/7/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-167-23695-00-01

Spot Description: _____
_____ SE SE NE Sec. 32 Twp. 14 S. R. 14 East West
2310 Feet from North / South Line of Section
330 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Russell
Lease Name: Schoenberger OWWO Well #: 3

Field Name: _____
Producing Formation: Arbuckle and Tarkio

Elevation: Ground: 1735 Kelly Bushing: 1736

Total Depth: 3238 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 729 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: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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: 01/10/2013



1097883

Operator Name: Jason Oil Company, LLC Lease Name: Schoenberger OWWO Well #: 3
 Sec. 32 Twp. 14 S. R. 14 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 <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 checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Attached Top Attached Datum Attached
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CASING RECORD <input 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
production	7.875	5.5	20	3889.51	common	175	10%salt 5%gilsonite

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

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. 11/20/2012			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. 8	Gas Mcf	Water Bbls. 25	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: _____ _____
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Form	ACO1 - Well Completion
Operator	Jason Oil Company, LLC
Well Name	Schoenberger OWWO 3
Doc ID	1097883

Tops

ANHYDRITE	729-66	+1006
GRANDHAVEN LIME	2295	-557
DOVER LM	2321	-585
TARKIO	2364	-628
TOPEKA	2629	-893
HEEBNER	2854	-1118
TORONTO	2872	-1134
DOUGLAS	2884	-1148
LKC	2912	-1175
ARBUCKLE	3163	-1424

QUALITY OILWELL CEMENTING, INC.

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

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

No. 003

Date	10-9-12	Sec.		Twp.		Range		County	RS	State	KS	On Location		Finish	3/10/2012	
Lease	Schoenberger		Well No.	awwo 3		Location		Yin House 3/4 S								
Contractor	Royal Dry				Owner		To Quality Oilwell Cementing, Inc.									
Type Job	Pisc Long String				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.	13238		Charge To		GASON OIL									
Csg.	SL	Depth	3205		Street											
Tbg. Size		Depth			City		State									
Tool		Depth			The above was done to satisfaction and supervision of owner agent or contractor.											
Cement Left in Csg.	43'	Shoe Joint			Cement Amount Ordered		210 cum 10/15/12									
Meas-Line	1515	Displace	75 b4		EQUIPMENT		5% Gilsonite									
Pumptrk	9	No.	Cementer	Lody		Common										
Bulktrk		No.	Driver	LONNIE		Poz. Mix										
Bulktrk	B	No.	Driver	Dove Mot		Gel.										
JOB SERVICES & REMARKS						Calcium										
Remarks:	10238						Hulls									
Rat Hole.	30 1/2						Salt									
Mouse Hole	10 sk						Flowseal									
Centralizers							Kof-Seal									
Baskets							Mud CLR 48						500 gal			
D/V or Port Collar							CFL-117 or CD110 CAF 38'									
Cent. 1, 2, 3, 6, 9, 12,						Sand										
22						Handling										
Basket Bottom th						Mileage										
Float Head						FLOAT EQUIPMENT										
						Guide Shoe										
						Centralizer										
						Baskets										
						AFU Inserts										
						Float Shoe										
						Lalch Down										
						Pumptrk Charge										
						Mileage										
						Tax										
						Discount										
X Signature <i>Dave B...</i>						Total Charge										