

OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
ACO-1 WELL HISTORY  
DESCRIPTION OF WELL AND LEASE

API # 15-135-23,841-~~0500~~  
County Ness

ORIGINAL

NW - NW - NW - Sec. 25 Twp. 16S Rge. 26 X E

Operator: License # 6622

330 Feet from S (circle one) Line of Section

Name: Jason Oil Company

330 Feet from E (circle one) Line of Section

Address P. O. Box 701

Footages Calculated from Nearest Outside Section Corner:  
NE, SE, NW or SW (circle one)

City/State/Zip Russell, KS 67665

Lease Name Margaret Stutz Well # 1

Purchaser: N/A

Field Name \_\_\_\_\_

Operator Contact Person: Jim Schoenberger

Producing Formation None

Phone (913) -483-4204

Elevation: Ground 2611' KB 2616'

Contractor: Name: Emphasis Oil Operations

Total Depth 4594' P8TD \_\_\_\_\_

License: 8241

Amount of Surface Pipe Set and Cemented at 310 303 Feet

Wellsite Geologist: Ron Nelson

Multiple Stage Cementing Collar Used? \_\_\_\_\_ Yes \_\_\_\_\_ No

Designate Type of Completion

If yes, show depth set \_\_\_\_\_ Feet

- New Well \_\_\_\_\_ Re-Entry \_\_\_\_\_ Workover \_\_\_\_\_
- \_\_\_\_\_ Oil \_\_\_\_\_ SWD \_\_\_\_\_ SIOW \_\_\_\_\_ Temp. Abd.
- \_\_\_\_\_ Gas \_\_\_\_\_ ENMR \_\_\_\_\_ SIGW \_\_\_\_\_
- Dry \_\_\_\_\_ Other (Core, WSW, Expl., Cathodic, etc)

If Alternate II completion, cement circulated from \_\_\_\_\_ feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sk cnt.

If Workover/Re-Entry: old well info as follows:

Drilling Fluid Management Plan D&A J 4-27-95  
(Data must be collected from the Reserve Pit)

Operator: \_\_\_\_\_

Chloride content \_\_\_\_\_ ppm - Fluid volume \_\_\_\_\_ bbls

Well Name: \_\_\_\_\_

Dewatering method used \_\_\_\_\_

Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

- \_\_\_\_\_ Deepening \_\_\_\_\_ Re-perf. \_\_\_\_\_ Conv. to Inj/SWD
- \_\_\_\_\_ Plug Back \_\_\_\_\_ P8TD
- \_\_\_\_\_ Commingled \_\_\_\_\_ Docket No. \_\_\_\_\_
- \_\_\_\_\_ Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_
- \_\_\_\_\_ Other (SWD or Inj?) \_\_\_\_\_ Docket No. \_\_\_\_\_

Operator Name \_\_\_\_\_

10/22/94 10/29/94  
Spud Date Date Reached TD Completion Date

Lease Name \_\_\_\_\_ License No. \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Rng. \_\_\_\_\_ E/W

County \_\_\_\_\_ Docket No. \_\_\_\_\_

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature James S. Schoenberger  
Title Owner

RECEIVED  
STATE CORPORATION COMMISSION  
Date 11-7-94

C.C.C. OFFICE USE ONLY  
 Letter of Confidentiality Attached  
 Wireline Log Received  
 Geologist Report Received

Subscribed and sworn to before me this 7th day of November 19 94  
Notary Public David W. Beagley  
Date Commission Expires 7/19/98

NOV 07 1994  
11-7-94  
CONSERVATION DIVISION

Distribution  
\_\_\_\_\_ SWD/Rep \_\_\_\_\_ KGPA  
\_\_\_\_\_ Plug \_\_\_\_\_ Other (Specify)

DAVID W. BEAGLEY  
NOTARY PUBLIC  
STATE OF KANSAS  
My Appt. Exp. 7/19/98

Operator Name Jason Oil Company

Lessee Name Margaret Stutz

Well # 1

Sec. 25 Twp. 16S Rge. 26

East  
 West

County Ness

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table border="0"> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Anhydrite</td> <td>1998'</td> <td></td> </tr> <tr> <td>Shale</td> <td>2031'</td> <td></td> </tr> <tr> <td>Lime</td> <td>4118</td> <td></td> </tr> <tr> <td>Lime &amp; Shale</td> <td>4262</td> <td></td> </tr> <tr> <td>Lime</td> <td>4495</td> <td></td> </tr> <tr> <td>Mississippi</td> <td>4594</td> <td></td> </tr> <tr> <td>R.T.D.</td> <td>4594</td> <td></td> </tr> </table>	Name	Top	Datum	Anhydrite	1998'		Shale	2031'		Lime	4118		Lime & Shale	4262		Lime	4495		Mississippi	4594		R.T.D.	4594	
Name	Top		Datum																							
Anhydrite	1998'																									
Shale	2031'																									
Lime	4118																									
Lime & Shale	4262																									
Lime	4495																									
Mississippi	4594																									
R.T.D.	4594																									
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 (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																									
List All E.Logs Run: Radiation Neutron Guard Log (copy enclosed)																										

CASING RECORD <input type="checkbox"/> New <input checked="" 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	12 1/4"	8 5/8"	23#	303'	60-40 Pos 1% Calc.	185	1% CC

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				

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

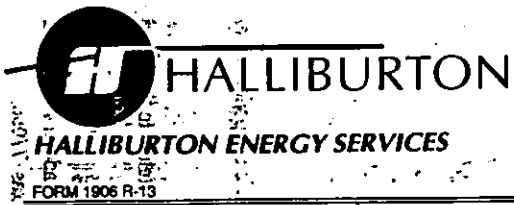
TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or In] <u>D&amp;A</u>	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
Estimated Production Per 24 Hours	Oil <u>N/A</u> Bbls Gas <u>N/A</u> Mcf Water <u>N/A</u> Bbls Gas Oil Ratio Gravity

Disposition of Gas:  Vented  Sold  Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION:  Open Hole  Perf  Dually Comp  Cemented

Production Interval: \_\_\_\_\_



CHARGE TO: Jason Oil Co.  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP CODE: Russell, KS

COPY No. **COPY**  
TICKET No. **599490 - 1**  
PAGE 1 OF 2

SERVICE LOCATIONS <u>Days R 2-25</u>	WELL/RECORD NO. <u>10th Street Smith Margaret</u>	LEASE <u>Margaret Smith</u>	COUNTY/PARISH <u>Ness</u>	STATE <u>Ks</u>	CITY/OFFSHORE LOCATION	DATE <u>7/22-29</u>	OWNER <u>SAME</u>
TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <u>Emphos Oil Services</u>	RIG NAME/NO. <u>Emphos 47</u>	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>Location of Use</u>	ORDER NO.	
WELL TYPE <u>01</u>	WELL CATEGORY <u>01</u>	JOB PURPOSE <u>OID</u>	WELL PERMIT NO.	WELL LOCATION <u>25-163-20W</u>			
REFERRAL LOCATION	INVOICE INSTRUCTIONS <u>12558 40/60 27.6 3%</u>						

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	ACCOUNTING LOC ACCT DF	DESCRIPTION	QTY	U/M	QTY	U/M	UNIT PRICE	AMOUNT
000-47		1	MILEAGE	54 mi				284	148.50
		1	Pump service	295 ft				5.85	1714.25
		1	PLUG LA-11	1	85/8			9.99	9.99

ORIGINAL

**LEGAL TERMS** Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

CUSTOMER OR CUSTOMER'S AGENT SIGNATURE  
[Signature]

DATE SIGNED 7-22-97 TIME SIGNED 1530

do  do not require IPC (Instrument Protection)  Not offered

SUB SURFACE SAFETY VALVE WAS:  
 PULLED & RETURN  PULLED  RUN

TYPE LOCK DEPTH

BEAN SIZE SPACERS

TYPE OF EQUALIZING SUB. CASING PRESSURE

TUBING SIZE TUBING PRESSURE WELL DEPTH

TREE CONNECTION TYPE VALVE

**SURVEY**

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?  YES  NO

WE UNDERSTOOD AND MET YOUR NEEDS?  YES  NO

OUR SERVICE WAS PERFORMED WITHOUT DELAY?  YES  NO

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?  YES  NO

ARE YOU SATISFIED WITH OUR SERVICE?  YES  NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 228.50

FROM CONTINUATION PAGE(S) 186 2 90

SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE 2096.50

**CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES** The customer hereby acknowledges receipt of the materials and services listed on this ticket.

CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT) [Signature] HALLIBURTON OPERATOR/ENGINEER [Signature] EMP # 59734

HALLIBURTON APPROVAL: [Signature]



HALLIBURTON ENERGY SERVICES

HAL-1906-N

CHARGE TO: **TASOW OIL COMPANY**  
 ADDRESS: **P.O. BOX 701**  
 CITY, STATE, ZIP CODE: **RUSSELL KS 67665**

DUNCAN COPY

**COPY**

TICKET

No.

722619 - 7

PAGE 1 OF 2

1. SERVICE LOCATIONS <b>HAYS, KS</b>	WELL/PROJECT NO. <b>1</b>	LEASE <b>STUP2</b>	COUNTY/PARISH <b>NESS</b>	STATE <b>KS</b>	CITY/OFFSHORE LOCATION	DATE <b>10-29-94</b>	OWNER <b>SAME</b>
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE	NITROGEN JOB? <input type="checkbox"/> YES	CONTRACTOR <b>EMMAH'S DRILLING</b>	RIG NAME/NO. <b>RIG # 7</b>	SHIPPED VIA <b>51143</b>	DELIVERED TO <b>106122W</b>	ORDER NO.	
3. <input type="checkbox"/> SALES	<input checked="" type="checkbox"/> NO	WELL TYPE <b>01</b>	WELL CATEGORY <b>00</b>	JOB PURPOSE <b>115</b>	WELL PERMIT NO. <b>15-135-23941</b>	WELL LOCATION <b>55 - 105 - 20W</b>	
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT.	DF							
000-117		1			MILEAGE	51143	54	ME		275	148 50
040-910		1			PUMP SERVICE		2	HO		395 00	395 00
030-503		1			TOP PLUG - WOOD LAH		1	SA	85/8	95 00	95 00
ORIGINAL											

RECEIVED  
 NOV 07 1994  
 NOVEMBER 7 1994  
 RECEIVED FROM SUPPLIER

**LEGAL TERMS:** Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

**Bill Skeen**  
 DATE SIGNED: **10-29-94** TIME SIGNED: **0245**

do not require IPC (Instrument Protection).  Not offered

SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN		SURVEY: <input type="checkbox"/> YES <input type="checkbox"/> NO		UN-DECIDED	DIS-AGREE	PAGE TOTAL <b>638 50</b>
TYPE LOCK	DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				
BEAN SIZE	SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?				FROM CONTINUATION PAGE(S) <b>2697 93</b>
TYPE OF EQUALIZING SUB	CASING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
TUBING SIZE	TUBING PRESSURE	WELL DEPTH	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE <b>3336 42</b>
FREE CONNECTION	TYPE VALVE		ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND						

**CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES** The customer hereby acknowledges receipt of the materials and services listed on this ticket.

CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT)	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE)	HALLIBURTON OPERATOR/ENGINEER	EMP #	HALLIBURTON APPROVAL
	<b>Bill Skeen</b>	<b>WAYNE WILSON</b>	<b>89377</b>	