

#### Kansas Corporation Commission Oil & Gas Conservation Division

#### 1085183

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 #	API No. 15 -
Name:	Spot Description:
Address 1:	SecTwpS. R 🔲 East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□ NE □ NW □ SE □ SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
☐ New Well ☐ Re-Entry ☐ Workover	Total Depth: Plug Back Total Depth:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW	Amount of Surface Pipe Set and Cemented at: Feet
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Multiple Stage Cementing Collar Used? Yes No
☐ OG ☐ GSW ☐ Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt.
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Drilling Fluid Management Plan
Well Name:	(Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content:ppm Fluid volume:bbls
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Dewatering method used:
Conv. to GSW	Location of fluid disposal if hauled offsite:
Plug Back: Plug Back Total Depth  Commingled Permit #:	Location of fluid disposal if fladied offsite.
Commingled Permit #:	Operator Name:
SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec TwpS. R
GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	

#### **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 I II Approved by: Date:

Side Two



Operator Name:			Lease Name	e:			_ Well #:	
Sec Twp	S. R	East West	County:					
time tool open and clos	sed, flowing and shut s if gas to surface tes	I base of formations per in pressures, whether set, along with final chart well site report.	shut-in pressure	reached s	static level,	hydrostatic press	sures, bottom h	ole temperature, fl
Orill Stem Tests Taken (Attach Additional S		Yes No		Log	Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolo		☐ Yes ☐ No	N	lame			Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	I Electronically	Yes No Yes No Yes No						
List All E. Logs Run:			RECORD [		Used			
	Size Hole	Report all strings set- Size Casing	-conductor, surface Weight		ate, producti Setting	on, etc.  Type of	# Sacks	Type and Percen
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives
		ADDITIONA	L OFMENTING (	00115575	DECORD			
		ADDITIONA	L CEMENTING / :	SQUEEZE	RECORD			
Purpose:  Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	d		Type and F	Percent Additives	
Shots Per Foot		ON RECORD - Bridge Plu ootage of Each Interval Pe				cture, Shot, Cement mount and Kind of Ma	•	d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Line	r Run:	Yes No		
Date of First, Resumed I	Production, SWD or ENI	HR. Producing Me	thod:	Gas Li	ift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf	Water	В	ols. (	Gas-Oil Ratio	Gravity
DISPOSITIO	Used on Lease	Open Hole	METHOD OF COM Perf. D (Sub	MPLETION: ually Comp omit ACO-5)	. Cor	nmingled mit ACO-4)	PRODUCTIO	DN INTERVAL:
(If vented, Sub	mit ACO-18.)	Other (Specify) _						



TICKET NUMBER	36634
LOCATION Office	a.KS
FOREMAN Cases	Henred.

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

# FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WEL	L NAME & NUMI	BER	SECTION	TOWNSHIP	RANGE	COUNTY
4/11/12	4015	ARC	47 ]		SW 22	17	22	MI
CUSTOMER	011			Ĭ i			en e	
MAILING ADDRE	$\frac{1}{2}$	uc		┨ ┡	TRUCK#	DRIVER	TRUCK#	DRIVER
·	× 734				481	Casken	ck_	
CITY	1X 779	STATE	ZIP CODE		308	Gar Moo	GM	
	1_	KS	1	1 -	548	Mik Hea	NH_	
Welbuil			66092	J	GIV.	MULGO	<b>6832</b> 0	
JOB TYPE lor		HOLE SIZE 5	_3/8	HOLE DEPTH_	400'	CASING SIZE & V	VEIGHT <u>2</u> 7/	" EVE
CASING DEPTH	5+18	DRILL PIPE		_TUBING			OTHER	
SLURRY WEIGH		SLURRY VOL_		WATER gal/sk	· <del></del>		CASING 2/3	" plua
DISPLACEMENT	2.19 Hols	DISPLACEMEN	T PSI	MIX PSI		RATE 4 bon		, ,
REMARKS: Ne	d safely	meetina.	astablished	of cloub	tion mi	xed + pum	med ion	# Premium
Gel follow	sed by lo	Hol Rock	water w	ixed +	pumped 1	01 1 5	150 POR	14 }
	12/2/70]	2 Gelpe	s-sk.co	ment to	Surface	flyshed	pump c	
pumped a	2/2" rubber	plue to	casina	15 w/21	9 65/3 7	roch water	050850	ed t
800 PSI	released	Suszand	short in	Casina		$\wedge$	1	-0 (4
	1	A	1			1	/)	
						<del>                                     </del>	$\leftarrow$	
						\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<del>-×-,</del> -	
7.7	1 5					<del></del>	<del>/</del>	
Had own	r Hace		<del></del>		*	\	/	
ACCOUNT			T		<del>,</del>			т
CODE	QUANITY	or UNITS	DE	SCRIPTION of S	ERVICES or PR	ODUCT	UNIT PRICE	TOTAL
5401			PUMP CHARG	E				1030.00
5406	<u> </u>		MILEAGE					120,00
5400	376		Cas	ing foo	l <del>c</del> a-e	-		
5407	1/4 mini	MUM	tor	ا ۽ پ	<u> </u>			87.50
800000			<u> </u>					
						_	<u></u>	<del> </del>
1124	101	Sks	50/50	Pazzair	coment			12-195
1118B		#	Draw	tion Gel	Ceweny			467.95
·	203	<u> </u>	71000			<u> </u>		42.63
4402			0/2	rubber pl.	*9			28.00
			<u> </u>					
				099				
			1748	977	<u> </u>			1
								1
							0	<u> </u>
							- WAR	VER
			-			7.55%	CATTO TAV	55.76
Payin 3737			<u> </u>			4,30/0	ESTIMATED	33.70
	00						TOTAL	2031.84
AUTHORIZTION_	J.K.		- 40 <u>- 400 </u>	TITLE			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

### JTC Oil, Inc.

Drillers Log

Well	Name ABC	# 1
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 API# 15
 15-121-29006-00-00
 Cement Amounts

 Surface Date 3/26/12
 20 ft, 7"
 3 Sacks

Cement Date 4/11/12

Well Depth 400

Casing Depth 376

Drillers Log

<u>Formation</u>	<u>Depth</u>	<u>Formation</u>	<u>Depth</u>
top soil	0		
lime	7		
shale	17		
lime	38		
black shale	44		
shale	50		
lime	74		
shale	92		
lime	101		
shale	113		
lime	118		
black shale	129		
lime	134		
coal	158		
lime	162		
shale	17		
lime	311		
top oil sanc	315-316 ok		
	316-317 ok		
	317-318 lime		
	318-319 shal€		
	319-321 lime		
	321-322 shale		
	322-323 top cil sand		
	323-324 lime oil		
	324-325 ok		
	325-326		
	326-327		
	327-328		
	328-329		
	329-330 good		

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330-331 v good
331-332 v gc·od
332-333 v gc od
333-334 v gcod
334-335 good
335-336 good
336-337 ok good
337-338 ok
338-339 ok
339-340 lime
339
352

lime	339
shale	352
lime	402
stop drilling	400
casing pipe	376