



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- 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 #: _____

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

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: _____ Date: _____



1088639

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input 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 type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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

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: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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DRILL LOG

Operator License# 32834

API # 15-121-29187-00-00

Operator JTC Oil, Inc.

Lease Name ABC

Address_P.O. Box 24386 ,Stanley, KS 66283

Well # ^{AEC}~~BSP~~ 16

Phone 913-755-2959

Spud Date_7/3/12_Completed 7/16/12

Contractor License_____

Location_____ of _____

T.D. 398 T.D. of Pipe 374

_____ feet from _____

Surf. Pipe Size ___7" ___Depth _____

_____ feet from _____

Kind of Well_____

County_Miami

<u>Thickness</u>	<u>Strata</u>	<u>From</u>	<u>To</u>	<u>Thickness</u>	<u>Strata</u>	<u>From</u>	<u>To</u>
<u>1</u>	<u>soil</u>	<u>0</u>	<u>1</u>				
<u>9</u>	<u>lime</u>	<u>1</u>	<u>10</u>				
<u>21</u>	<u>shale</u>	<u>10</u>	<u>31</u>				
<u>3</u>	<u>lime</u>	<u>31</u>	<u>34</u>				
<u>36</u>	<u>shale</u>	<u>34</u>	<u>70</u>				
<u>25</u>	<u>lime</u>	<u>70</u>	<u>85</u>				
<u>9</u>	<u>shale</u>	<u>85</u>	<u>94</u>				
<u>28</u>	<u>lime</u>	<u>94</u>	<u>122</u>				
<u>6</u>	<u>black shale</u>	<u>122</u>	<u>128</u>				
<u>21</u>	<u>lime</u>	<u>128</u>	<u>149</u>				
<u>2</u>	<u>shale</u>	<u>149</u>	<u>151</u>				

<u>Thickness</u>	<u>Strata</u>	<u>From</u>	<u>To</u>	<u>Thickness</u>	<u>Strata</u>	<u>From</u>	<u>To</u>
3	coal	151	154				
13	lime	154	167				
177	shale	167	284				
3	lime	284	287				
9	shale	287	306				
5	lime	306	311				
2	shale	311	313				
2	top oil sand	313-315					
3	mix-lime	315	318 good				
3	mix-lime	318-321	ok				
3	sand	321-324	v good				
3	sand	324-327	v good				
3	sand	327-330	v good				
2	lime	330-332	good				
1	shale	332-333					
9	lime	333-342					
6	lime/shale	342-348					
43	shale	348-391					
2	coal	391-393					
5	shale	393-398	stop drilling 398	casing pipe	374		



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 37427
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-15-12	4015	ABC #16	SE 22	17	22	Mi
CUSTOMER JTC Oil						
MAILING ADDRESS 35688 Plum Creek Rd						
CITY Osawatomie		STATE KS	ZIP CODE 66064			
JOB TYPE longstring	HOLE SIZE 6	HOLE DEPTH 358	CASING SIZE & WEIGHT 2 7/8			
CASING DEPTH 374	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING yes			
DISPLACEMENT 2.2	DISPLACEMENT PSI 800	MIX PSI 200	RATE 4 bpm			

TRUCK #	DRIVER	TRUCK #	DRIVER
516	Alan Mader	Safety	Moet
368	Alan Mader	MM	
369	Derek Mas	DM	
510	Set Mc	ST	

REMARKS: Held crew meet. Established rate. Mixed & pumped 100# gel followed by sk OWC. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI, set float. Closed valve.

JTC Drilling

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
3401	1	PUMP CHARGE		1030.00
3406	—	MILEAGE		—
3402	374	casing footage		—
3407A	87.06	ton miles		116.66
3502C	1 1/2	80 val		135.00
1126	46	owc		864.80
1119B	100#	gel		21.00
4402	1	2 1/2 plug		28.00
				SALES TAX 108.99
				ESTIMATED TOTAL 2264.45

Completed

AUTHORIZATION Z.C. 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.

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