

### Kansas Corporation Commission Oil & Gas Conservation Division

1088643

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
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         ☐ SHOW           ☐ Gas         ☐ D&A         ☐ ENHR         ☐ SIGW           ☐ OG         ☐ GSW         ☐ Temp. Abd.           ☐ CM (Coal Bed Methane)         ☐ CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet  Multiple Stage Cementing Collar Used?
Cathodic Other (Core, Expl., etc.):	If Alternate II completion, cement circulated from:
If Workover/Re-entry: Old Well Info as follows:	feet depth to: w/ sx cmt.
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
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 #:	Chloride content: ppm Fluid volume: bbls  Dewatering method used:  Location of fluid disposal if hauled offsite:  Operator Name:  License #:  Quarter Sec Twp S. R
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: \_ \_ Well #: \_ 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 Wireline Logs surveyed. Attach final geological well site report. **Drill Stem Tests Taken** Yes No Log Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum Samples Sent to Geological Survey ☐ Yes □ No Cores Taken Yes No Electric Log Run Electric Log Submitted Electronically Yes No (If no, Submit Copy) List All E. Logs Run: CASING RECORD Used New Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight # Sacks Type and Percent Type of Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Additives Depth Cement Used ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) Depth TUBING RECORD: Size: Set At: Packer At: Liner Run: No Yes Producing Method: Date of First, Resumed Production, SWD or ENHR. Pumping Gas Lift Other (Explain) Flowing **Estimated Production** Bbls. Water Bbls. Gas-Oil Ratio Oil Gas Mcf Gravity Per 24 Hours **DISPOSITION OF GAS:** METHOD OF COMPLETION: PRODUCTION INTERVAL: Open Hole Dually Comp. Perf. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4)

Other (Specify)

(If vented, Submit ACO-18.)

### JTC Oil, Inc.

Drillers Log

Well Name ABC #15			
API# 15 15-121-29136-00-00	Cement Amounts		a . D.
Surface Date 6/1/12	3 Sacks	_6,5	2014.
Cement Date 6/4/12			
Well Depth 398			

Casing Depth 378.3

Drillers Log

	Driller	s Log	
<b>Formation</b>	<u>Depth</u>	<b>Formation</b>	<u>Depth</u>
top soil	10		
lime	11		
shale	42		
lime	50		
shale	54		
mix	60		
shale	65		
lime	97		
mix	105		
shale	112		
lime	118		
mix	124		
shale	148		
black shale	150		
lime	155		
shale	177		
black shale	179		
lime	181		
mix	183		
lime	189		
oil smell	200		
mix	335		
lime	338		
top oil sand	338-340 1%		
	340-342 5%		
	342-344 5%		
	344-346 10%		
	346-348 50%		
	348-350 80%		
	350-352 75%		
	352-354 80%		
	354-356 80%		
	356-358 90%		

abc #15

358-360 90%

360-362 90% 376

shale stop drilling casing pipe

398 378.3



TICKET NUMBER\_ LOCATION OHOLLA KS FOREMAN Fred Made

7609

SALES TAX

ESTIMATED TOTAL

DATE\_

Ravin 3737

# FIELD TICKET & TREATMENT REPORT

6/4/12 JSTOMER	CUSTOMER#	WELI	NAME & NUMB	ER	SECTION	TOWNSHIP	RANGE	COUNTY
ISTOMER	4015	ABC	# P.15		SW 22	17	22	mi
O I O IVILIT		7 7 700 70				And the Angle of the second	, + - + + + + + + + + + + + + + + + + +	100
マ	TC Oil	Inc			TRUCK#	DRIVER	TRUCK#	DRIVER
AILING ADDRE	SS				506	FREMAD	Saker	4 nox
356	SER Plux	n Creek	. Rd		495	MARBEC	HB	
TY	s				367	DERMAS	om	
Osawa)	tomis	KS	66064		570	SETTUC	87	
B TYPE LO	my strong H	IOLE SIZE	6'	HOLE DEPTH_	400.	CASING SIZE & W	/EIGHT 278	EUF
ASING DEPTH_	3750 0	RILL PIPE		TUBING	X = 1		OTHER	
URRY WEIGH	т s	LURRY VOL_	I in the	WATER gal/sk		CEMENT LEFT in	CASING RE	Plu
SPLACEMENT	2,2820	HSPLACEMEN	T PSI	MIX PSI		RATE_530)		
EMARKS: E	stablish	circu	la Xim. V	Mir & Pur	no 100# G	e Flush.		nd/ 4
51	SKS OU			ement	to su	^	lush pum	1
	res clear			1		to cash		P
					Dressu		Sex fla	4
				/kieas e	Presso	NE NO	Ser Fla	at
va	lue. Shu	+ in c	asme.					
					10000			
						1 01.4		
						Feed Mad	lu	
<b></b>	TC Drill	1.2	A 18 10 10					
				<u> </u>				
CODE	QUANITY of	UNITS	DES					
			DES	SCRIPTION of S	SERVICES or PRO	DDUCT	UNIT PRICE	TOTAL
3401			PUMP CHARGE		ERVICES or PRO	ODUCT 4/95	UNIT PRICE	
3401 5406		<u>'</u>			ERVICES or PRO		UNIT PRICE	103005
	37		PUMP CHARGE		ERVICES or PRO		UNIT PRICE	1030 es
5406 5402	37		PUMP CHARGE MILEAGE Casing	Footogo	ERVICES or PRO		UNIT PRICE	103000 N/C
5406 5402 5707		75°	PUMP CHARGE MILEAGE  Casing	footage niles			UNIT PRICE	1030 es N/C N/C 175 es
5406	37		PUMP CHARGE MILEAGE  Casing Ton	footage niles	Truck		UNIT PRICE	103000 N/C
5402	37	75°	PUMP CHARGE MILEAGE  Casing	footage niles			UNIT PRICE	1030 es N/C N/C 175 es
5406 5402 5707 5502C	37 1/2 Minim 1	osi hr	PUMP CHARGE MILEAGE  Casing Ton Y  80 B 6	footogo niles 3L Vac	Truck		UNIT PRICE	1030 es N/C N/C 1750 es 900 es
5406 5402 5707 5502C	37 1/2 Minim 1	one hr	PUMP CHARGE MILEAGE  Casing Ton Y  SO BE	footage Niles BL Vac	Truck		UNIT PRICE	1030 es N/C N/C 17505 9005
5406 5402 5707 5502C 1126 1118B	37 1/2 Minim 1 57	05' 05' 050 hr	PUMP CHARGE MILEAGE  Casing Ton Y  80 B 6	footogo Niles 3L Vac Cement	Truck		UNIT PRICE	1030 es N/C 17505 9005 958
5406 5402 5707 5502C	37 1/2 Minim 1	05' 05' 050 hr	PUMP CHARGE MILEAGE  Casing Ton Y  80 B 6	footage Niles BL Vac	Truck		UNIT PRICE	1030 es N/C N/C 17505 9005
5406 5402 5707 5502C	37 1/2 Minim 1 57	05' 05' 050 hr	PUMP CHARGE MILEAGE  Casing Ton Y  80 B 6	footogo Niles 3L Vac Cement	Truck		UNIT PRICE	1030 es N/C 17505 9005 958
5406 5402 5707 5502C 1126 1118B	37 1/2 Minim 1 57	05' 05' 050 hr	PUMP CHARGE MILEAGE  Casing Ton Y  80 B 6	footogo Niles 3L Vac Cement	Truck		UNIT PRICE	1030 es N/C 17505 9005 9586 210

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.

TITLE\_

250340