

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1088644

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

## WELL COMPLETION FORM

	-	-	-	-		
WELL HISTORY -	٠D	<b>ESCRIPTIO</b>	N OF V	NELL	&	LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
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:
New Wein       New Wein       New Wein       New Wein         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:	Amount of Surface Pipe Set and Cemented at: Feel Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feel If Alternate II completion, cement circulated from: feet depth to: w/ sx cmt
Operator: Well Name: Original Comp. Date: Original Total Depth:	Drilling Fluid Management Plan         (Data must be collected from the Reserve Pit)         Chloride content:      ppm         Fluid volume:      bbls
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Dewatering method used:
Conv. to GSW     Plug Back: Plug Back Total Depth     Commingled Permit #:     Dual Completion Permit #:     SWD Permit #:	Location of fluid disposal if hauled offsite: Operator Name: License #:
ENHR         Permit #:	Quarter Sec TwpS. R East West
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date         Date Reached TD         Completion Date or 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 II III Approved by: Date:

	Side Two	1088644
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional She	eets)	Yes I	ю	□ Lo Nam	-	n (Top), Depth and		Sample Datum
Samples Sent to Geolog	gical Survey	Yes I	No	Nam	e		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	Yes IN Yes IN Yes IN	No					
List All E. Logs Run:								
			SING RECORD					
		Report all string	s set-conductor,	surface, inte	rmediate, producti	on, etc.		-
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)		eight s. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

#### ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot		PERFORATION Specify Fo		RD - Bridge F Each Interval		e			ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner R	un:	No	
Date of First, Resumed P	roduct	on, SWD or ENH	<i>₹</i> .	Producing N		oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITION	N OF C	BAS:			METHOD	OF COMPLE	TION:		PRODUCTION INTER	RVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Uually (Submit)		Commingled (Submit ACO-4)		
(If vented, Subm	nit ACC	-18.)		Other (Specify	)					

# JTC Oil, Inc.

Drillers Log

 Well Name ABC #14

 API# 15
 15-121-29135-00-00
 Cement Amounts

 Surface Date 5/30/12
 6.5
 20 f
 <u>3 Sacks</u>

Cement Date 6/4/12

Well Depth 400

Casing Depth 371.3

	Drill	ers Log	
<b>Formation</b>	Depth	<b>Formation</b>	<b>Depth</b>
top soil	9		
lime	10		
shale	25		
lime	30		
shale	35		
lime	40		
shale	49		
lime	80		
mix	82		
lime	88		
mix	95		
lime	118		
shale	123		
lime	132		
black shale	140		
lime	145		
shale	167		
mix	171		
shale	185		
lime	216 oil smell		
shale	220		
red bed	325		
top oil sand	330-332		
	332-334 5%		
	334-336 20%		
	336-338 30%		
	338-340 50%		
	340-342 75%		
	342-344 80%		
	344-346 90%		
	346-348 90%		
	348-350 90%		
	350-352 15%		

abc #14

	352-354 15%
shale	369
mix	409
black shale	490
lime	492
stop drilling	400
casing pipe	371.3

CONSOLIDATED	TICKET NUMBER	22022
A Oil Well Services, LLC	LOCATION Ottawa	a KS
	FOREMAN Fred M	
PO Box 884, Chanute, KS 66720 FIELD TICKET & TR 520-431-9210 or 800-467-8676 CEN		
DATE CUSTOMER # WELL NAME & NUMBER	SECTION TOWNSHIP RANGE	COUNTY
6/4/12 4015 ABC . # P.14	SW 22 17 22	mi
CUSTOMER		
JTC Oil Inc	TRUCK # DRIVER TRUCK	# DRIVER
MAILING ADDRESS	506 FREMAD So	Fet mile
35688 Plum Freek Rd	495 HARBEC HB	P F
CITY STATE ZIP CODE	369 DERMAS DM	
Osawatomie KS 66064	510 SETTUC ST	
JOB TYPE hone size 6. HOLE D	PTH 400 CASING SIZE & WEIGHT	UL EUF
	OTHER	
SLURRY WEIGHT SLURRY VOL WATER	al/sk CEMENT LEFT in CASING	22° plus
DISPLACEMENT 2.2 BAL DISPLACEMENT PSI MIX PSI	RATE S3PM	đ
REMARKS: Establish Jump rate. Mix + F	Imp 100# Gel Flush, Migh	Pump
51 SKS DWC Cement: Com		
lines clean, Displace 212" Rubb.	1 plug to casing TD. Pros	sule
to 800 #PSI. Release pressure to	et float Value. Shot Mas	ing
		1

JTC Dr :11 5

-

Fred Male

20050

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PROD	UCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495		103000
5406		MILEAGE			NIC
5402	375	Casing Footnoe			NIC
5407	1/2 Minimum	Ton Miles			17500
55020	1 hr	Ton Miles FO BBL Vac Truck	369		<b>R</b> 0 <sup>20</sup>
1124	51 5/43	50/50 Por Mix Cennent			55845
1118B	100#	Premium hel		, I	2100
4402	1	Premium Gel 22" Robber Plus			2800
					1 1 200
				AR	ALL
				and the second	Store R
	51 X X X	a the contract of the second sec			
				Section .	
		1	7.5%	SALES TAX	4586
avın 3737		250346		ESTIMATED TOTAL	194831
UTHORIZTION		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