



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1090591

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 # _____

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 Date Reached TD Completion Date or
Recompletion Date 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: _____



1090591

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 ☐ Yes ☐ No
 (Attach Additional Sheets)

 Samples Sent to Geological Survey ☐ Yes ☐ No

 Cores Taken ☐ Yes ☐ No

 Electric Log Run ☐ Yes ☐ No

 Electric Log Submitted Electronically ☐ Yes ☐ No
 (If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
 Name Top Datum
CASING RECORD ☐ New ☐ 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 |
|--|------------------|----------------|--------------|----------------------------|
| <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 ENHR. | 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 Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio Gravity |

| | | |
|--|---|--|
| DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.) | METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|--|---|--|

DRILL LOG

Operator License# 32834

API # 15-121-29186-00-00

Operator JTC Oil, Inc.

Lease Name ABC

Address_P.O. Box 24386 ,Stanley, KS 66283

Well # 20

Phone 913-755-2959

Spud Date 7/9/12 Cement 7/17/12

Contractor License _____

Location _____ of _____

T.D. 460 T.D. of Pipe 441

_____ feet from _____

Surf. Pipe Size_6"___ Depth___20ft___

_____ feet from _____

Kind of Well _____

County_Miami

| Thickness | Strata | From | To | Thickness | Strata | From | To |
|-----------|------------|------|-----|-----------|-------------|------|----------|
| 2 | soil | 0 | 2 | 1 | lime/oil | 128 | 129 |
| 3 | clay | 2 | 5 | 1 | lime/oil | 129 | 130 good |
| 6 | shale | 5 | 11 | 1 | lime/oil | 130 | 131 |
| 19 | shale | 11 | 30 | 1 | shale | 131 | 132 |
| 4 | lime/shale | 30 | 34 | 15 | 132 | 132 | 147 |
| 21 | shale | 34 | 55 | 6 | black shale | 147 | 153 |
| 5 | lime | 55 | 60 | 23 | lime | 153 | 176 |
| 24 | shale | 60 | 84 | 2 | shale | 176 | 178 |
| 6 | lime | 84 | 90 | 3 | coal | 178 | 181 |
| 5 | shale | 90 | 95 | 12 | lime | 181 | 193 |
| 15 | lime | 95 | 110 | 138 | shale | 193 | 331 |

| Thickness | Strata | From | To | Thickness | Strata | From | To |
|--------------------------|--------|------|-----|------------------------|------------|----------------|--------|
| 10 | shale | 110 | 120 | 2 | red bed | 331 | 333 |
| 8 | lime | 120 | 128 | 5 | shale | 333 | 338 |
| | | | | 3 | shale/sand | 338 | 341 ok |
| | | | | 3 | shale | 341-344 | |
| | | | | 3 | oil | 344-347 v good | |
| | | | | 3 | oil | 347-350v good | |
| | | | | 3 | oil | 350-353 v good | |
| | | | | 3 | oil | 353-356 v good | |
| | | | | 2 | oil | 356-358 v good | |
| | | | | 3 | oil | 358-361 v good | |
| | | | | 3 | oil | 361-363 good | |
| | | | | 1 | shale | 363-364 | |
| | | | | 14 | lime | 364-378 | |
| | | | | 48 | shale | 378-426 | |
| | | | | 7 | lime | 426-433 | |
| | | | | 14 | shale | 433-447 | |
| | | | | 8 | lime | 447-451 | |
| | | | | 4 | shale | 451-455 | |
| <u>Stop drilling 460</u> | | | | <u>casing pipe 441</u> | | | |

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 37433

LOCATION Ottawa
FOREMAN Alan Mader

FOREMAN Alan Made

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|-------------------------------------|-------------------|--------------------|-------------------------------|----------|-------|--------|
| 7-17-12 | 4015 | ABC 2D | SU 22 | 17 | 22 | M: |
| CUSTOMER JTL D:1 | | | | | | |
| MAILING ADDRESS 35688 Plum Creek | | | | | | |
| CITY Oswatonia | STATE KS | ZIP CODE 66064 | | | | |
| JOB TYPE One string | HOLE SIZE 4/60 | HOLE DEPTH 4/60 | CASING SIZE & WEIGHT 2 7/8 | | | |

| TRUCK # | DRIVER | TRUCK # | DRIVER |
|---------|----------|---------|--------|
| 516 | Ala. Mad | Safety | Meet |
| 368 | Brl McD | AM | |
| 369 | Der. Mas | DTH | |
| 510 | Dan Det | DD | |

| | | | |
|----------------------------|-----------------------------|-----------------------|-----------------------------------|
| JOB TYPE <u>One string</u> | HOLE SIZE <u>4 1/2</u> | HOLE DEPTH <u>460</u> | CASING SIZE & WEIGHT <u>2 7/8</u> |
| CASING DEPTH <u>471</u> | DRILL PIPE | TUBING | OTHER |
| SLURRY WEIGHT | SLURRY VOL | WATER gal/sk | CEMENT LEFT In CASING <u>yes</u> |
| DISPLACEMENT <u>2.6</u> | DISPLACEMENT PSI <u>800</u> | MIX PSI <u>200</u> | RATE <u>4 bpm</u> |

REMARKS: Held crew meet. Established rate. Mixed & pumped 100# gel followed by 48 sk OWC plus 1/4# flo seal per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

JTC Drilling

Allen Mader

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|---------------------|--------------------------|---|-------------------|--------------|
| ✓ 5401 | L | PUMP CHARGE | | 1030.00 |
| 5406 | — | MILEAGE | | — |
| 5402 | 441 | Casing footage | | — |
| 5407A | 82.07 | ton miles | | 116.67 |
| 5502C | 1 | 80 LAC | | 90.00 |
| | | | | |
| | | | | |
| 1126 | 48 | OIL/C | | 902.40 |
| 1118B | 100 # | gel | | 21.00 |
| 1107 | 12 # | floss gel | | 28.20 |
| H402 | 1 | 2 1/2 plys | | 28.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Sales Tax | 73.96 |
| | | | ESTIMATED TOTAL | 2290.23 |

VIN 3737

vin 3737

AUTHORIZATION

TITLE

DATE _____

knowledge 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.

051352