



KANSAS CORPORATION COMMISSION 1091527  
OIL & GAS CONSERVATION DIVISION

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 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: \_\_\_\_\_



1091527

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# \_\_\_\_\_

API 15-107-24620-00-00

Operator \_\_\_\_\_

Lease Name Cox

Address \_\_\_\_\_

Well # 24

Contractor JTC Oil, Inc.

Spud Date 7/21/12 Cement 7/31/12

Contractor License \_\_32834

Location \_\_\_\_\_ of \_\_\_\_\_

T.D. 618 T.D. of Pipe 615.1

\_\_\_\_\_ feet from \_\_\_\_\_

Surf. Pipe Size 6.5 Depth 20 ft.

\_\_\_\_\_ feet from \_\_\_\_\_

Kind of Well \_\_\_\_\_

County Linn

Thickness	Strata	From	To	Thickness	Strata	From	To
24	soil	0	24	2	lime	267	269
18	shale	24	42	34	shale	269	303
9	lime	42	51	5	lime	303	308
10	shale	51	61	2	shale	308	310
9	lime	61	70	3	lime	310	313
1	shale	70	71	10	shale	313	323
23	lime	71	94	12	lime	323	335
8	black shale	94	102	8	shale	335	343
23	lime	102	125	1	lime	343	344
4	shale	125	129	46	shale	344	390
5	lime	129	134	12	lime	390	402

COX 24

<u>1</u>	shale	134	135	<u>2</u>	shale	402	404
<u>15</u>	lime	135	150	<u>4</u>	lime	404	408
<u>117</u>	shale	150	267				
<u>7</u>	shale	408	415				
<u>5</u>	lime	415	420				
<u>29</u>	shale	420	449				
<u>12</u>	lime	449	461				
<u>11</u>	shale	461	477				
<u>1</u>	lime	472	473				
<u>4</u>	shale	473	477				
<u>3</u>	lime	477	480				
<u>30</u>	shale	480	490				
<u>1</u>	lime	490	491				
<u>11</u>	dark shale	491	502				
<u>1</u>	lime	502	503				
<u>23</u>	dark shale	503	526				
<u>1</u>	oily	526	527				
<u>1</u>	oily shale	527	528				
<u>1</u>	oily shale	528	530				
<u>1</u>	oily shale	530	531				
<u>1</u>	oily shale	531	532				
<u>1</u>	oily shale	532	533				

COR 24

<u>1</u>	<u>oily shale</u>	<u>533</u>	<u>534</u>		
<u>1</u>	<u>little sandy</u>	<u>534</u>	<u>535</u>		
<u>1</u>	<u>little sandy</u>	<u>535</u>	<u>536</u>		
<u>1</u>	<u>little sandy</u>	<u>536</u>	<u>537</u>		
<u>1</u>	<u>little sandy</u>	<u>537</u>	<u>538</u>		
<u>1</u>	<u>good</u>	<u>538</u>	<u>539</u>		
<u>1</u>	<u>good</u>	<u>539</u>	<u>540</u>		
<u>1</u>	<u>good</u>	<u>540</u>	<u>541</u>		
<u>1</u>	<u>good</u>	<u>541</u>	<u>542</u>		
<u>1</u>	<u>little</u>	<u>542</u>	<u>543</u>		
<u>2</u>	<u>little</u>	<u>543</u>	<u>545</u>		
<u>1</u>	<u>little</u>	<u>545</u>	<u>546]</u>		
<u>2</u>	<u>little</u>	<u>546</u>	<u>548</u>		
<u>2</u>	<u>100% sand</u>	<u>548</u>	<u>550v good</u>		
<u>1</u>	<u>v good</u>	<u>550</u>	<u>551</u>		
<u>1</u>	<u>v good</u>	<u>551</u>	<u>552</u>		
<u>1</u>	<u>v good</u>	<u>552</u>	<u>553</u>		
<u>1</u>	<u>v good</u>	<u>553</u>	<u>554</u>		
<u>1</u>	<u>v good</u>	<u>554</u>	<u>555</u>		
<u>1</u>	<u>v good</u>	<u>555</u>	<u>556</u>		
<u>1</u>	<u>v good</u>	<u>556</u>	<u>557</u>		
<u>1</u>	<u>v good</u>	<u>557</u>	<u>558</u>	<u>1</u>	<u>little sand</u> <u>559</u> <u>560</u>







TICKET NUMBER 37533

LOCATION Ottawa KS

FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720  
820-431-9210 or 800-487-8876

**FIELD TICKET & TREATMENT REPORT  
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/21/12	1174	Cox # 24	NW 21	20	22	LN
CUSTOMER <u>JTC A.G. Oil</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>300 SE 21st</u>			506	Fred Mad	Safety mix	
CITY <u>Topeka</u>			368	Art Mad	DM	
STATE <u>KS</u>			369	Der Mas	DM	
ZIP CODE <u>66607</u>			548	Mikhae	DM	
JOB TYPE <u>Long string</u>	HOLE SIZE <u>6</u>	HOLE DEPTH <u>618</u>	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>			
CASING DEPTH <u>615'</u>	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT IN CASING <u>2 7/8" Plug</u>			
DISPLACEMENT <u>3.6</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>48 BPM</u>			
REMARKS: <u>Establish pump rate. Mix + Pump 68 SKS OWC Cement. Cement to surface. Flush pump + lines. Clean. Displace 2 7/8" Rubber plug to casing TD. Pressure to 700# PSI. Release pressure to get float valve. Shut in casing.</u>						

JTC Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1030 <sup>00</sup>
5406		MILEAGE		N/C
5407	1/2 Mile	Casing footage		N/C
5407	1/2 Mile	Tax Miles	545	175 <sup>00</sup>
5502C	1.5	80 BBL Vac Trucla	369	135 <sup>00</sup>
1126	68 SKS	OWC Cement		1278 <sup>90</sup>
1118B	100#	Premium Gel		21 <sup>00</sup>
4402	1	2 7/8" Rubber Plug		28 <sup>00</sup>
			6.3%	SALES TAX
				ESTIMATED TOTAL
				836 <sup>02</sup>
				2751 <sup>00</sup>

Rev'n 3/3/7

AUTHORIZATION [Signature] 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.

251721