



KANSAS CORPORATION COMMISSION 1091528  
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      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: \_\_\_\_\_



1091528

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 15-107-24622-00-00

Operator \_\_\_\_\_

Lease Name *Ralph* Nickell Sr.

Address \_\_\_\_\_

Well # 34

Contractor JTC Oil, Inc.

Spud Date 7/30/12 Cement 7/31/12

Contractor License \_\_32834

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

T.D. 617.5 T.D. of Pipe 609.5

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

Surf. Pipe Size \_\_\_\_\_ Depth \_\_\_\_\_

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

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

County Linn

Thickness	Strata	From	To	Thickness	Strata	From	To
3	soil	0	3	2	lime	470	472
5	clay	3	8	1	shale	472	473
17	shale	8	25	2	lime	473	475
2	lime	25	27	1	shale	475	476
3	shale	27	30	1	lime	476	477
11	lime	30	41	7	shale	477	484
7	shale	41	48	1	lime	484	485
37	lime	48	85	5	shale	485	490
5	black shale	85	90	5	lime	490	495
2	lime	90	92	7	coal	495	502
2	shale	92	94	12	shale	502	512

Nick Sr. 34

21	lime	94	115	2	little sand	512	514
4	shale	115	119	2	little sand	514	516
6	lime	119	125	2	little sand	516	518
1	shale	125	126	2	good oil	518	520
4	lime	126	130	2	little oil	520	522
4	shale	130	134	2	good oil	522	524
6	lime	134	140	2	good oil	524	526
45	shale	140	185	2	v good	526	528
1	lime	185	186	2	v good	528	530
96	shale	186	290	2	little sand shale	530-532	
2	lime	290	292	2	"	532-534	
3	shale	292	295	2	"	534-536	
8	lime	295	303	2	good oil	536-538	
9	shale	303	312	2	v good -sand	538-540	
15	lime	312	327	2	v good	540-542	
2	shale	327	329	2	good	542-544	oil
3	lime	329	332	2	v good	544-546	
53	shale	332	385	2	little	546-548	
12	lime	385	397	2	little	548-550	
13	shale	397	410	2	little mostly shale	550-552	
3	lime	410	413	2	little	552-554	
30	black shale	413	443	2	shale	554-556	

Nick Sr. 34

<u>12</u>	<u>lime</u>	<u>443</u>	<u>455</u>	<u>10</u>	<u>coal</u>	<u>556-566</u>
<u>15</u>	<u>shale</u>	<u>455</u>	<u>470</u>	<u>1</u>	<u>lime</u>	<u>566-567</u>
				<u>20</u>	<u>shale</u>	<u>567-587</u>
				<u>1</u>	<u>lime</u>	<u>587-588</u>
				<u>1</u>	<u>shale</u>	<u>588-589</u>
				<u>1</u>	<u>lime</u>	<u>589-590</u>
				<u>8</u>	<u>shale</u>	<u>590-598</u>
				<u>11</u>	<u>lime</u>	<u>598-609</u>



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 37535  
LOCATION Ottawa KS  
FOREMAN Fred Maden

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
7/31/12	4015	Ralph Nickell SR. #34	NW 21	20	22	LN	
CUSTOMER JTC Oil Inc			TRUCK # DRIVER TRUCK # DRIVER				
MAILING ADDRESS 35688 Plum Creek Rd			506	Fred Mad	Safety	Mad	
CITY STATE ZIP CODE Osawatomie KS 66064			368	Art McD	ARM	F	
			369	Der Mos	DM		
			558	Bie Man	BM		
JOB TYPE	Long string	HOLE SIZE	6	HOLE DEPTH	617	CASING SIZE & WEIGHT	2 7/8 EUE
CASING DEPTH	609'	DRILL PIPE		TUBING		OTHER	
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING	2 1/2" Plug
DISPLACEMENT	3.54	DISPLACEMENT PSI		MIX PSI		RATE	400 PM

REMARKS: Establish pump rate. Mix Pump 100# Gal Flush. Mix Pump 59 SKS OWC Cement. Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 700# PSI. Release pressure to get float valve. Shut in casing.

*Fred Maden*

JTC Drilling

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030 <sup>00</sup>
5406		MILEAGE		NIC
5402	609'	Casing footage		NIC
5407	1/2 Minimum	Ten Miles		175 <sup>00</sup>
5502C	1 1/2 hr	60 BBL Vac Truck		135 <sup>00</sup>
1126	59 SKS	OWC Cement		1109 <sup>30</sup>
1118B	100#	Premium Gel		21 <sup>00</sup>
4402	1	2 1/2" Rubber Plug		28 <sup>00</sup>
			63%	SALES TAX
				ESTIMATED TOTAL
				7296
				2571 <sup>16</sup>

**Completed**

Ravin 3737

AUTHORIZATION *JTC* 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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