



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
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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: _____



1094999

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 15-121-29220-00-00

Operator _____

Lease Name ABC

Address _____

Well # 24

Contractor JTC Oil, Inc.

Spud Date 8/23/12 Cement 8/31/12

Contractor License __32834
of _____

Location _____

T.D 418 T.D. of Pipe 385.5 _____ feet from

Surf. Pipe Size 6.5 Depth 385.5 _____ feet from

Kind of Well _____

County Miami

Thickness	Strata	From	To	Thickness	Strata	From	To
<u>10</u>	<u>clay/soil</u>	<u>0</u>	<u>10</u>	<u>6</u>	<u>black shale</u>	<u>145</u>	<u>151</u>
<u>18</u>	<u>lime</u>	<u>10</u>	<u>28</u>	<u>18</u>	<u>lime</u>	<u>151</u>	<u>169</u>
<u>5</u>	<u>shale</u>	<u>28</u>	<u>33</u>	<u>6</u>	<u>black shale</u>	<u>169</u>	<u>175</u>
<u>2</u>	<u>lime</u>	<u>33</u>	<u>35</u>	<u>7</u>	<u>lime</u>	<u>175</u>	<u>182</u>
<u>13</u>	<u>shale</u>	<u>35</u>	<u>48</u>	<u>2</u>	<u>shale</u>	<u>182</u>	<u>184</u>
<u>10</u>	<u>lime</u>	<u>48</u>	<u>58</u>	<u>7</u>	<u>lime</u>	<u>184</u>	<u>191</u>
<u>27</u>	<u>shale</u>	<u>58</u>	<u>85</u>	<u>131</u>	<u>shale</u>	<u>191</u>	<u>322</u>
<u>6</u>	<u>lime</u>	<u>85</u>	<u>91</u>	<u>6</u>	<u>red bed</u>	<u>322</u>	<u>328</u>
<u>2</u>	<u>shale</u>	<u>91</u>	<u>93</u>	<u>2</u>	<u>lime</u>	<u>328</u>	<u>330</u>
<u>14</u>	<u>lime</u>	<u>93</u>	<u>107</u>				

8 shale 107 115

30 lime 115 145

2 little 330 332

2 little 332 334

2 better 334 336

2 better 336 338

2 little 338 340

2 good 340 342

2 good 342 344

2 vgood 344 346

2 vgood 346 348

2 good 348 350

2 vgood 350 352

2 vgood 352 354

2 good 354 356

19 shale 356 375

42 shale 375 417

1 lime 417 418



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39623

LOCATION Ottawa KS

FOREMAN Fred Mader

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
8/31/12	4015	ABC # D-24	SW 22	17	22	M1

CUSTOMER <u>JTC Oil Inc</u>		
MAILING ADDRESS <u>35688 Plum Creek Rd</u>		
CITY <u>Oswatomie</u>	STATE <u>KS</u>	ZIP CODE <u>66064</u>

TRUCK #	DRIVER	TRUCK #	DRIVER
506	Fred Mad	Safety	Mag
495	Har Bee	NB	
505/1106	Jas Ric	JR	
510	Set Tuc	ST	

JOB TYPE <u>long string</u>	HOLE SIZE <u>6</u>	HOLE DEPTH <u>418</u>	CASING SIZE & WEIGHT <u>2 7/8 EUE</u>
CASING DEPTH <u>386</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>2 1/2" Plug</u>
DISPLACEMENT <u>2.24 BBL</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4 BPM</u>

REMARKS: Establish pump rate. Mix & Pump 100 # Gal Flush. Mix & Pump 5ks OWC Cement 1/4" Flo Seal/sk. Cement to surface. Flush pump & lines clean. Displace 2 1/2" Rubber Plug to casing TD. Pressure to 700* PSI. Release pressure to set float valve shut in casing

JTC Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406		MILEAGE		N/C
5402	386	Casing Footage		N/C
5407	1/4 Minimum	Ton Miles	510	87 ⁵⁰
5501C	1 1/2 hr	Transport	505/1106	168 ⁰⁰
1124	47 SKS	OWC Cement		883 ⁶⁰
1115B	100*	Premium Gel		21 ⁰⁰
1107	12*	Flo Seal		28 ²⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.55%	SALES TAX
				ESTIMATED TOTAL
				72 ⁵⁴
				2318 ⁸⁴

Rev 3737

AUTHORIZATION

2L

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

757501