



KANSAS CORPORATION COMMISSION 1127717  
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: \_\_\_\_\_

1127717



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 15-059-26119-00-00

Operator \_\_\_\_\_

Lease Name Coons

Address \_\_\_\_\_

Well # W-28

Contractor JTC Oil, Inc.

Spud Date 8/1/12 Cement 8/8/12

Contractor License \_\_\_ 32834

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

T.D. 778 T.D. of Pipe 761.3

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

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

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

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

County Franklin

Thickness	Strata	From	To	Thickness	Strata	From	To
3	soil	0	3	14	lime	248	262
5	clay	3	8	2	shale	262	264
36	shale	8	44	1	lime	264	265
9	lime	44	63	20	shale	265	285
4	shale	53	57	5	red bed	285	290
16	lime	57	73	10	lime	290	300
10	black shale	73	83	21	shale	300	321
7	lime	83	90	2	lime	321	323
6	shale	90	96	21	shale	323	344
20	lime	96	116	3	lime	344	347
2	shale	116	118	9	shale	347	356

W28

1	lime	118	119	7	lime	356	363
31	shale	119	150	2	shale	363	365
20	lime	150	170	10	lime	365	375
78	shale	170	248	9	shale	375	384
			24		lime	384	410
			3		shale	410	413
			6		lime	413	419
			2		shale	419	421
			5		lime	421	426
			4		shale	426	430
			5		lime	430	435
			115		shale	435	550
			2		lime	550	552
			3		shale	552	555
			2		lime	555	557
			41		shale	557	598
			2		lime	598	600
			10		shale	600	610
			4		lime	610	614
			8		shale	614	622
			3		lime	622	625
			8		shale	625	633

	12	lime	633	645
	8	shale	645	653
	13	lime	653	666
	4	shale	666	670
	5	lime	670	675
	15	shale	675	690
	1	lime	690	691
	7	shale	691	698
	7	lime	698	705
	2	shale	705	707
	2	oil sand	707-709 gd oil	
	2	oil sand	709-711vgood	
	2	oil sand	711-713vgood	
	2	oil sand	713-715vgood	
	2	oil sand	715-717vgood	
	2	oil sand	717-719vgood	
	2	oil sand	719-721vgood	
	2	oil sand	721-723vgood	
	2	oil sand	723-725vgood	
	2	oil sand	725-727good	
Not much oil	2	sandy shale	727-729	
	2	sandy shale	729-731 no oil	

W-28

52	shale	<u>731-783 no oil</u>
2	lime	<u>783-785</u>
	Shale	<u>755</u>



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 37556

LOCATION Ottawa KS

FOREMAN Fred Maden

Box 884, Chanute, KS 66720

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/8/12	4015	Coons # W 28	NW 32	15	21	FR

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	Fate by	Mof
495	Har Bec	HB	
370	Kei Car	KC	
548	Milk Hoa	MH	

JOB TYPE <u>Longstring</u>	HOLE SIZE <u>6</u>	HOLE DEPTH <u>780'</u>	CASING SIZE & WEIGHT <u>2 7/8 EUE</u>
CASING DEPTH <u>761'</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>2 1/2" Plug</u>
DISPLACEMENT <u>4.42</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>5BPM</u>

REMARKS: Establish pump rat. Mix + Pump 100\* Gel Flush. Mix Pump 112 sks 50/50 Por Mix Cement 3% Gel 5% Salt. Cement to surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 800\* PSI. Hold & Monitor pressure for 30 min MIT. (Hold pressure) Release pressure to set float valve. Shut in casing.

JTC Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 <sup>00</sup>
5406	20 mi	MILEAGE	495	80 <sup>00</sup>
5402	261	Casing footage		N/C
5407	1/2 Minimum	Ten Miles	548	175 <sup>00</sup>
5502C	1 1/2 hr	80 BBL Vac Truck	370	135 <sup>00</sup>
1124	112 sks	50/50 Por Mix Cement		1226 <sup>40</sup>
1118B	288*	Premium Gel		60 <sup>48</sup>
1111	217*	Granulated Salt		80 <sup>29</sup>
4402	1	2 1/2" Rubber Plug		28 <sup>00</sup>
			7.8%	SALES TAX
				ESTIMATED TOTAL
				108 <sup>83</sup>
				2923 <sup>29</sup>

**Completed**

AVIN 3737  
AUTHORIZATION Ben Buda 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 for

251906