



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1132856

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 # 32834
Name: JTC Oil, Inc.
Address 1: PO BOX 24386
Address 2: _____
City: STANLEY State: KS Zip: 66283 + _____
Contact Person: TOM CAIN
Phone: (913) 208-7914
CONTRACTOR: License # 32834
Name: JTC Oil, Inc.
Wellsite Geologist: NA
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 #: _____

8/29/2012 8/30/2012 8/31/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-121-29288-00-00

Spot Description: _____

NE SW SE SW Sec. 22 Twp. 17 S. R. 22 ☒ East ☐ West
640 Feet from ☐ North / ☒ South Line of Section
3320 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Miami

Lease Name: ABC Well #: I-24

Field Name: _____

Producing Formation: PERU

Elevation: Ground: 912 Kelly Bushing: 915

Total Depth: 418 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 20 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 0

feet depth to: 20 w/ 5 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1500 ppm Fluid volume: 80 bbls

Dewatering method used: Evaporated

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: Deanna Garrison Date: 04/15/2013

1132856

Operator Name: JTC Oil, Inc. Lease Name: ABC Well #: I-24
 Sec. 22 Twp. 17 S. R. 22 ☒ East ☐ West County: Miami

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 <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey ☐ Yes ☒ No Cores Taken ☐ Yes ☒ No Electric Log Run ☒ Yes ☐ No Electric Log Submitted Electronically ☒ Yes ☐ No <i>(If no, Submit Copy)</i> List All E. Logs Run: GAMMA NEUTRON CCL	☐ Log Formation (Top), Depth and Datum ☐ Sample Name Top Datum PERU
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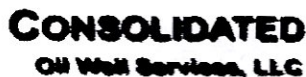
CASING RECORD ☒ New ☐ Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
SURFACE	9	7	10	20	PORTLAND	5	50/50 POZ
PRODUCTION	5.625	2.875	8	386	PORTLAND	51	50/50 POZ

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 (Amount and Kind of Material Used)	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

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> ☐ Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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FIELD TICKET & TREATMENT REPORT CEMENT

FOREMAN Fred Maden

TRUCK #	DRIVER	TRUCK #	DRIVER
506	FreMad	Safety	MM
495	Har Bee	HB	
675	Kei Det	KD	
548	Mik Haa	MN	

REMARKS: Establish pump rate. Mix + Pump 100* Gel Flush. Mix + Pump
sls OWC Cement. Cement to Surface. Flush pump + lines
clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to
500* PSI. Hold + Monitor pressure for 30 min MIT.
Release pressure to set float valve. Shut in casing

JTC Drilling

Fred Madu

[illegible]

Ravin 3737

AUTHORIZTION *[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.

252442

DRILL LOG

Operator License# _____

API 15-121-29288-00-00

Operator _____

Lease Name ABC

Address _____

Well # I-24

Contractor JTC Oil, Inc.

Spud Date 8/29/12 Cement 8/31/12

Contractor License __32834
of _____

Location _____

T.D. 418 T.D. of Pipe 403

_____ feet from _____

Surf. Pipe Size 6.5 Depth 20 ft.
from _____

_____ feet

Kind of Well _____

County Miami

Thickness	Strata	From		To		Thickness	
Strata	From	To					
16	soil/clay	0	16	14	lime	102	116
10	lime	16	36	9	shale	116	125
2	shale	36	38	29	lime	125	154
2	lime	38	40	2	black shale	154	156
8	shale	40	48	29	lime	156	185
2	lime	48	50	3	black shale	185	188
12	shale	50	62	2	lime	188	190
6	lime	62	68	1	shale	190	191
27	shale	68	90	1	lime	191	192
8	lime	90	98	2	shale	192	194

4	shale	98	102	7	lime	194	201
			4		shale	201	205
			2		lime	205	207
			108		shale	207	315
			2		lime	315	317
			23		shale	317	340
			1		lime	340	341
			2	green	lime	341	343
			2		little sand	343	345
			2		lime	345	347
			2		lime	347	349
			2		little sand	349	351
			2		good	351	353
			2		good	353	355
			2		vgood	355	357
			2		vgood	357	359
			2		vgood	359	361
			2		vgood	361	363
			2		vgood	363	365
			2		vgood	365	367
			2		good	367	369
			11		lime	369	380
			38		shale	380	418
