



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: _____



1138900

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				

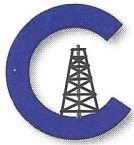
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

23677

INVOICE

Invoice # 256816

Invoice Date: 02/19/2013 Terms: 0/0/30,n/30

Page 1

JTC OIL INC
P O BOX 910
LOUISBURG KS 66053
(913)755-2959

ABC 37
48221
2-15-13
KS

Part Number	Description	Qty	Unit Price	Total
1268	CITY WATER	5500.00	.0156	85.80
1231	FRAC GEL	100.00	9.0000	900.00
1215A	KCL (1/1000)	6.00	36.5000	219.00
1205A	BIOCIDE (AMA-35-D-P) (DR	3.00	30.0000	90.00
1208	BREAKER LEB4-ESA 14-GB10	.25	200.0000	50.00
4326	7/8" RUBBER BALL SEALERS	6.00	3.0000	18.00
2104A	16/30 BROWN SAND	200.00	.2500	50.00
2102	12/20 BROWN SAND	1800.00	.2700	486.00

Sublet Performed	Description	Total
9998-110	FRAC MATERIAL DISCOUNT	-5.19
9998-110	FRAC MATERIAL DISCOUNT	-89.75
9997-110	FRAC EQUIPMENT DISCOUNT	-172.55

Description	Hours	Unit Price	Total
T-91 WATER TRANSPORT (FRAC)	3.00	112.00	336.00
VALVE FRAC VALVES (2" OR 3")	1.00	100.00	100.00
458 PROPANT DELIVERY	1.00	315.00	315.00
BALLI BALL INJECTOR	1.00	.00	.00
476 MINIMUM COMBO CHARGE 1300 HP UNIT	1.00	2300.00	2300.00
476 MILEAGE CHARGE (ONE WAY)	1.00	200.00	200.00
490 MILEAGE CHARGE (ONE WAY)	1.00	200.00	200.00

*Ad CK# 764
Thank you
Suzanna
AR*

Parts:	1898.80	Freight:	.00	Tax:	7.45	AR	5089.76
Labor:	.00	Misc:	.00	Total:	5089.76		
Sublt:	-267.49	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER **48221**

PO BOX 884 STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

LOCATION Thayer

FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
2-15-13	4015	ABC #37					MI	Squirrel
CHARGE TO <u>J.T.C.</u>				OWNER <u>Tom Cain</u>				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5102B	1	PUMP CHARGE 1300 Combs	2300	2300
1268	5,500 gal	Edgerton		85.80
1231	100#	Frac gel		900.00
1215A	6 gal	KCL SUB		219.00
1205A	3#	Biocide		90.00
1208	1/4 gal	Breaker		50.00
5604	1	Frac valve		100.00
5115	1	Ball injector		MC
4326	6	1.356 7/8" ballsealers		8.00
		BLENDING & HANDLING		
5109	90	TON-MILES	Min.	315.00
		STAND BY TIME		
5108	90	MILEAGE Mob X 2 P.I	Min.	400.00
5501F	3 hrs	WATER TRANSPORTS -1		336.00
		VACUUM TRUCKS		
2104A	200#	FRAC SAND 16-30		50.00
2102	1200#	12-20		486.00
		SALES TAX		2.84
				5597.95
				546

Credit on Acct
 \$209.33 pay on location (includes 5% discount)
 CK# 0764

CUSTOMER or AGENTS SIGNATURE _____ COWS FOREMAN Brett Busby
 DATE 2-15-13
 ESTIMATED TOTAL 5299.09
15357.64
-546
5089.76

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 services on the back of this form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 54949
FIELD TICKET REF # 48221
LOCATION Thayer
FOREMAN Brook Burby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-15-13		ABC #37				MT

CUSTOMER
J.T.C.

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh		
490	Joe		
458	Tim		
619T91	George		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 8EUE</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>390</u>	<u>18 Squirrel</u>

TYPE OF TREATMENT

Frac

CHEMICALS

<u>KELSUB - Biocide - Breaker</u>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>PAD</u>	<u>20</u>	<u>15-20</u>				BREAKDOWN <u>N/A</u>
<u>16-30</u>		<u>20</u>		<u>200#</u>		START PRESSURE <u>150</u>
<u>12-20</u>		<u>20</u>				END PRESSURE
<u>12-20</u>		<u>20</u>		<u>800#</u>		BALL OFF PRESS
<u>12-20 (4)</u>		<u>18</u>				ROCK SALT PRESS
<u>12-20</u>		<u>18</u>				ISIP <u>950</u>
<u>12-20</u>		<u>18</u>		<u>500#</u>		5 MIN
<u>12-20 + (2)</u>		<u>18-14</u>				10 MIN
<u>12-20</u>		<u>14</u>				15 MIN
<u>12-20</u>		<u>14</u>		<u>500#</u>		MIN RATE
<u>FLUSH CASING</u>	<u>5</u>	<u>14</u>				MAX RATE
<u>Release balls to T.D.</u>			<u>TOTAL</u>	<u>2,000#</u>		DISPLACEMENT <u>51-9</u>
<u>overflush</u>	<u>10</u>	<u>20</u>	<u>SAND</u>			<u>456-</u>
<u>TOTAL BBL'S</u>	<u>128</u>					

REMARKS:

customer acidized

Location 2:30PM - 3:00PM

80 miles

AUTHORIZATION _____ TITLE _____ DATE 2-15-13

Terms and Conditions are printed on reverse side.

SERVICE COMPANY: Undefined
 TICKET NO: Undefined
 CUSTOMER NAME: Undefined
 WELL NAME: Undefined
 WELL LOCATION: Undefined

DATE RECORDED: Undefined
 JOB NO: Undefined
 UNIT DESCRIPTION: Undefined
 UNIT NOTES: Undefined
 FILE NAME: JTCOIL_13_02_15_#1.csv



Pen# 1: Undefined (Undefined : Undefined) Pen# 2: Undefined (Undefined : Undefined) Pen# 3: Undefined (Undefined : Undefined)

Pen# 1 Pen# 2 Pen# 3

3500.00 1.00 0.00

3150.00 0.90 0.00

2800.00 0.80 0.00

2450.00 0.70 0.00

2100.00 0.60 0.00

1750.00 0.50 0.00

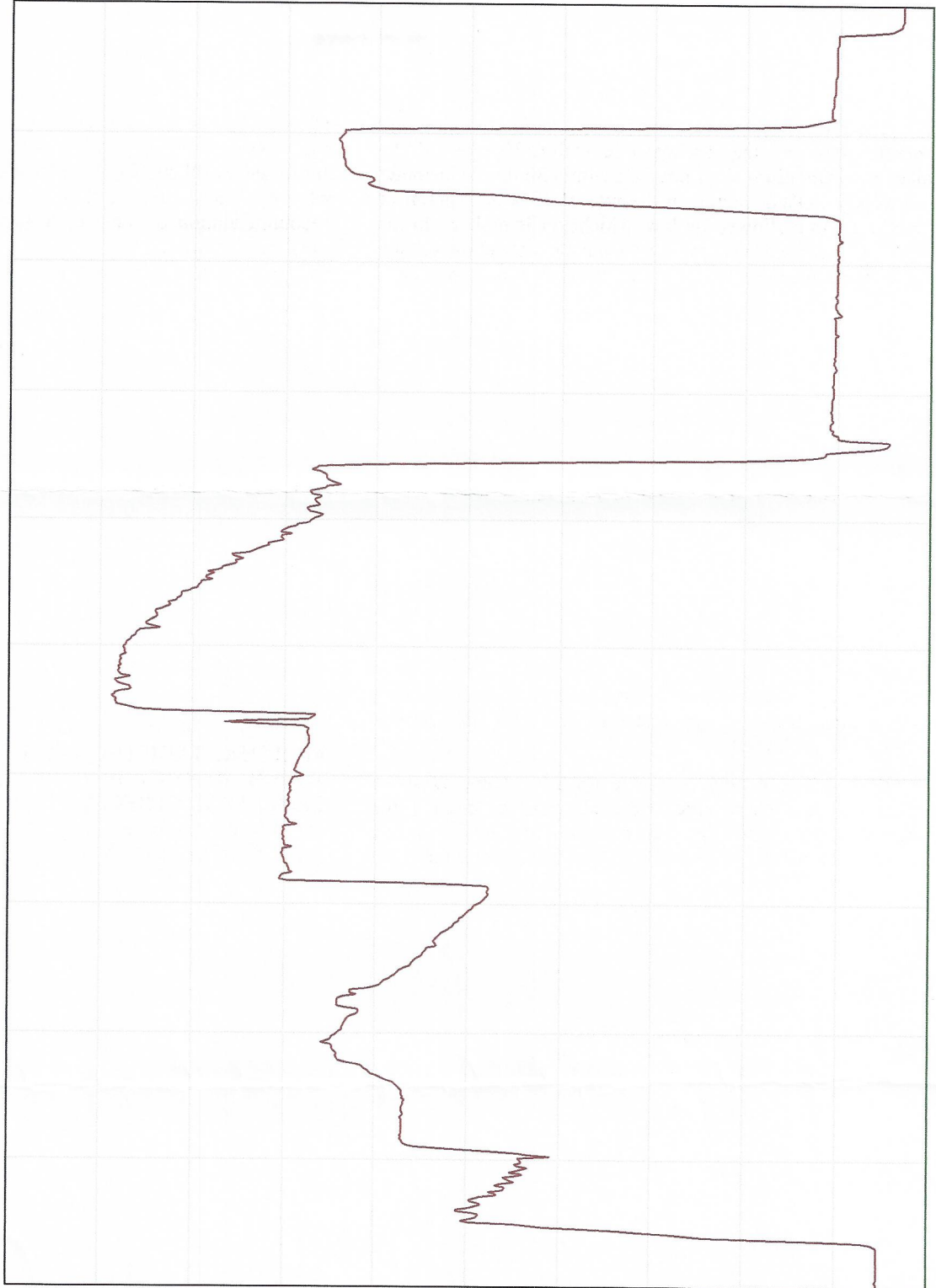
1400.00 0.40 0.00

1050.00 0.30 0.00

700.00 0.20 0.00

350.00 0.10 0.00

0.00 0.00 0.00



14:35:06 14:36:11 14:37:17 14:38:23 14:39:29 14:40:35 14:41:40 14:42:46 14:43:52 14:44:58 14:46:04

DRILL LOG

Operator License# _____

API 15-121-29224-00-00

Operator _____

Lease Name ABC

Address _____

Well # 37

Contractor JTC Oil, Inc.

Spud Date 10/8/12 Cement 10/23/12

Contractor License ___ 32834

Location _____ of _____

T.D. 398 T.D. of Pipe 374

_____ feet from _____

Surf. Pipe Size _____ Depth 20 ft.

_____ feet from _____

Kind of Well _____

County Miami

Thickness	Strata	From	To	Thickness	Strata	From	To
9	soil	0	9	21	lime	144	166
9	lime	9	18	3	shale	165	168
7	shale	18	25	3	lime	168	171
4	lime	25	29	2	shale	171	173
13	shale	29	42	1	lime	173	174
5	lime	42	47	1	shale	174	175
7	red shale	47	54	11	lime	175	186
31	shale	54	85	136	shale	186	322
19	lime	85	104	9	ok oil sand	322	331
6	shale	104	110	7	vgood oil sand	331	338
25	lime	110	135	16	ok oil sand	338	346

9	shale	134	144	2	ok oil sand	346	348
				16	lime	348	364
				34	shale	364	398