

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1150426

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 #	API No. 15	
Name:	Spot Description:	
Address 1:	S. R East We	est
Address 2:	Feet from North / South Line of Sect	tion
City: State: Zip:	+ Feet from Feast / West Line of Sect	ion
Contact Person:		
Phone: ()		
CONTRACTOR: License #		
Name:		
Wellsite Geologist:		
Purchaser:		
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:	
New Well Re-Entry Work	over Total Depth: Plug Back Total Depth:	
Oil WSW SWD	SIOW Amount of Surface Pipe Set and Cemented at: F	eet
Gas D&A ENHR	SIGW Multiple Stage Cementing Collar Used? Yes No	
□ OG □ GSW □	Temp. Abd. If yes, show depth set: Fe	eet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:	
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx c	:mt
If Workover/Re-entry: Old Well Info as follows:		
Operator:		
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)	
Original Comp. Date: Original Total Depth		
	Chloride content: ppm Fluid volume: b	bls
	Dewatering method used:	
Plug Back: Plug Back To	al Depth Location of fluid disposal if hauled offsite:	
Commingled Permit #:		
Dual Completion Permit #:	Operator Name:	
SWD Permit #:	Lease Name: License #:	
ENHR Permit #:	Quarter Sec TwpS. R East W	est
GSW Permit #:	County: Permit #:	
	ion Date or letion Date	

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:					

	Side Two	1150426
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional Sheets)		Yes No)	☐ Log Name	Formatior	n (Top), Depth an		Sample
Samples Sent to Geolog	gical Survey	Yes No)	Name			Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted B (If no, Submit Copy)	Electronically	Yes No Yes No Yes No	>					
List All E. Logs Run:								
		CAS	ING RECORD	New	Used			
		Report all strings	set-conductor, surfa	ace, interm	nediate, productio	on, etc.		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / F		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					ement Squeeze Record of Material Used)	Depth			
TUBING RECORD:	Siz	ze:	Set At:		Packe	r At:	Liner R	un:	No	
Date of First, Resumed	Product	ion, SWD or ENHF	ł.	Producing M	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	s.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:			METHOD	OF COMPLE	TION:		PRODUCTION INT	ERVAL:		
Vented Sold Used on Lease			Open Hole	Perf.	Uually (Submit /	Comp. Commingled ACO-5) (Submit ACO-4)				
(If vented, Sul	bmit ACC)-18.)		Other (Specify)						<u></u>

DRILL LOG

Operator License# 32834	API 15-121-29453-00-00				
Operator	Lease Name Griffith				
Address	Well # 1				
Contractor JTC Oil, Inc.	Spud Date 2/20/13 Cement 3/15/13				
Contractor License32834	Location of				
T.D. 620 T.D. of Pipe 599	feet from				
Surf. Pipe Size_7 _Depth 20 ft.	feet from				
Kind of Wellpro.	County Miami				

Thickness	Strata	From	То	Thickness	Strata	From	To
<u>10</u>	dirt/clay	0	10	2	lime mix	135	137
6	sandstone	10	15	4	lime	137	141
71	shale	15	86	31	shale	141	172
19	lime	86	105	1	lime	172	173
6	shale	105	111	2	shale	173	175
2	lime	111	113	15	lime	175	190
4	shale	113	117	10	shale	190	200
2	lime	117	119	28	lime	200	228
4	sandy	119	123	7	black shale	228	235
3	lime	123	126	20	lime	235-2	<u>255</u>
9	shale	126	135	6	black shale	255-2	<u>261</u>

11	lime	261-272	
3	shale	272-275	
 3	lime mix	275-278	
 9	sandy shale	278-287	
 119	shale	287-406	
 7	red bed	406-413	
 3	shale	413-416	
 2	tiny oil sand	416-418	
 10	tiny	418-428	
 4	better	428-432	
 13	lime	432-445	
 45	shale	445-490	
 11	lime	490-501	
 15	shale	501-516	
 4	lime	516-520	
 11	shale	520-531	
 6	lime	531-537	
 33	mix	537-570	
 1 little	oil sand	570-571	
2	good	571-573	
 2	good	573-575	
 2	good	575-577	

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2 good 577-579 2 little 579-581 2 little 581-583 2 tiny 583-585 2 shaley sand 585-587 31 shale 587-618 2 618-620

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257417

TICKET NUMBER	38844
LOCATION Office	
FOREMAN Casey Le	emech.
ORT (

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

FIELD TICKET & TREATMENT REPORT

CEMENT

OLU HUI ULIU								
DATE	CUSTOMER #	WELL NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY	
3115/13	4015	Griffith #1		NW 16	14	20	M	
CUSTOMER				The state of the state of the	and a second her	a minine		
JTC				TRUCK #	DRIVER	TRUCK #	DRIVER	
MAILING ADDR			1	481	Casken	V Safeli	Meeting	
350	oss Plum	Cleek		Celebo	GarMoo	1 outon	Treeing	
CITY		STATE ZIP CODE		548	Mik Hao	V	1	
Osawat	onie	KS 66004		370	Keilar	r	1	
JOB TYPE		HOLE SIZE Ce"	HOLE DEPTH	1620'	CASING SIZE &	WEIGHT_27/8	"ELE	
CASING DEPTH	5990	DRILL PIPE	TUBING			OTHER		
SLURRY WEIGH		SLURRY VOL	WATER gal/s	k	CEMENT LEFT In	CASING		
DISPLACEMEN	T <u>3.476665</u>	DISPLACEMENT PSI	MIX PSI		RATE 4.5	spin		
REMARKS: h	eld satiely.	meeting , established	1 Circula	tion nixo	dt ouuse	d 150 #	Premium	
Gel follos	wed by 1	0 6bts fresh wat	x mixed	dt pump	ed 75 sts	OWC a	euro, A.	
Cement	to surface	e, flushed pump	clean	pumped a	21/2 " rubbe	r plug to	casing	
TD w/ 3	3.47 bbls.	fresh water pross	used to	eo'o PS	1, released	pressure	, shut	
in casino	·				·	-0		
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ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT		TOTAL
5401	<u> </u>	PUMP CHARGE		1030.00
5406	on lease	MILEAGE		
5402	5991	casing fortage		
5407	1/2 mininum	ton mileage		175,00
2203 C	2 hrs	80 Vac		180.00
1126	75 ses	OWC concent		1410.00
1118B	150 #	Premium Gel		31.50
4402	1	OWC concent Premium Gel 2 1/2" rober plug		28,00
				10 ^{- 100} N
				had
		A		
		· · · · · · · · · · · · · · · · · · ·	SALES TAX	110.95
3avin 3737			ESTIMATED (/
AUTHORIZTION_	No Co- Rep. on loc	tion TITLE		2965.46
acknowledge (that the payment terms unlo		DATE	w105,45

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