

### Kansas Corporation Commission Oil & Gas Conservation Division

1150596

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:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
☐ New Well ☐ Re-Entry ☐ Workover	Total Depth: Plug Back Total Depth:
☐ Oil         ☐ WSW         ☐ SIOW           ☐ Gas         ☐ D&A         ☐ ENHR         ☐ SIGW           ☐ OG         ☐ GSW         ☐ Temp. Abd.           ☐ CM (Coal Bed Methane)         ☐ Cathodic         ☐ Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet  Multiple Stage Cementing Collar Used?
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: Conv. to ENHR	Chloride content: ppm Fluid volume: bbls  Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec TwpS. R
☐ ENHR         Permit #:           ☐ GSW         Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date  Recompletion Date  Recompletion 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 Approved by: Date:

Side Two



Operator Name:			Lease Name	e:			Well #:	
Sec Twp	S. R	East West	County:					
time tool open and clorecovery, and flow rate	sed, flowing and shut-	base of formations per in pressures, whether s i, along with final chart( vell site report.	hut-in pressure	reached sta	atic level,	hydrostatic press	sures, bottom h	ole temperature, fluid
Drill Stem Tests Taken (Attach Additional S		☐ Yes ☐ No		Log	Formation	n (Top), Depth an	d Datum	Sample
Samples Sent to Geol	logical Survev	Yes No	1	Name			Тор	Datum
Cores Taken Electric Log Run Electric Log Submittee (If no, Submit Copy	d Electronically	Yes No Yes No Yes No						
List All E. Logs Run:								
		CASING Report all strings set-	RECORD		Used te. production	on, etc.		
Purpose of String	Size Hole	Size Casing	Weight	Se	etting	Type of Cement	# Sacks	Type and Percent Additives
	Drilled	Set (In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives
		ADDITIONAL	CEMENTING /	SQUEEZE I	RECORD			
Purpose:  —— Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	# Sacks Used Type and Percent Additives				
Protect Casing Plug Back TD								
Plug Off Zone								
Shots Per Foot	PERFORATIOI Specify Fo	N RECORD - Bridge Plug ootage of Each Interval Per	s Set/Type forated			ture, Shot, Cement Count and Kind of Ma		Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner	Pun:			
TOBING REGORD.	GIZC.	oct Att.	T donor Att.	Linei	_	Yes No		
Date of First, Resumed	Production, SWD or ENH	R. Producing Met	hod:	Gas Lift	t 🗌 0	ther (Explain)		
Estimated Production Per 24 Hours	Oil Bi	ols. Gas	Mcf	Water	Bb	ols. (	Gas-Oil Ratio	Gravity
DIODOGITIA			METHOD OF CO.	ADI ETIONI			DRODUCTIC	MINITEDVAL.
Vented Sold	ON OF GAS:  Used on Lease	Open Hole	METHOD OF CON $\Box$ Perf. $\Box$ D	ually Comp.	Com	nmingled	FRUDUCIIC	N INTERVAL:
(If vented, Sub		Other (Specify)		bmit ACO-5)		nit ACO-4)		

## **DRILL LOG**

Operator License# 32834	API 15-121-29445-00-00
Operator	Lease Name Griffith
Address	Well # 4
Contractor JTC Oil, Inc.	Spud Date 2/14/13 Cement 3/15/13
Contractor License32834	Location of
T.D. 660 T.D. of Pipe 624	feet from
Surf. Pipe SizeDepth	feet from
Kind of Wellprod.	County Miami

Thickness	Strata	From	То	Thickness	Strata	From	To
3	dirt	0	3	5	lime	152	157
7	lime	3	10	22	shale	157	179
5	dirt/clay	10	15	19	lime	179	198
2	lime	15	17	8	shale	198	206
17	shale	17	34	14	lime	206	220
3	lime	34	37	11	shale	220	231
80	shale	37	117	12	lime	231	243
17	lime	117	135	2	lime	243	245
10	shale	135	145	13	lime	245	258
3	lime	145	148	9	shale	258	267
4	shale	148	152	19	lime	267	286

6	black shale	286-292
 3	lime	292-295
 4	shale	295-299
5	lime	299-304
 22	shale	304-326
7	no oil/sandy shale	326-333
80	shale	333-413
2	lime mix	413-415
22	shale	415-437
5	red bed	437-442
10	sand mix/tiny oil	442-452
13	sand mix	452-465
3		
	shale 	465-468
 10	lime mix	468-478
45	shale	478-523
9	lime	523-532
11	shale	532-543
 4	lime	543-547
 10	shale	547-557
 6	lime	557-563
 17	shale mix	563-580
15	lime	580-595

 1	good	595-596
11	good	596-597
2	good	597-599
2	good	599-601
2	little	601-603
2		
	tiny	603-605
2	tiny	605-607
 2	shale	607-609
 49	shale	609-658



257415

PO Box 884, Chanute, KS 66720

### FIELD TICKET & TREATMENT REPORT

620-431-9210 d	or 800-467-867	6		CEMEN	T				
DATE	CUSTOMER#	WELL	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY	
31/5/13	4015	Griffin	44	8	NW 160	17	22	MI	
CUSTOMER	0://		•		THE WEST WHILE THE		. Landingha		
MAILING ADDRE	oil luc			4	TRUCK#	DRIVER	TRUCK #	DRIVER	
				1	481	Casken	1 Safadas	leeting	
	28 Plum		_	_	Lelelo	Gar Mao	V		
CITY		STATE	ZIP CODE		510	Set Tuc	~		
Osawata	mie	KS	46064	_	369	DerMas	V		
JOB TYPE 10	uastring	HOLE SIZE	0 ''	_ _HOLE DEPTH	· Leceo'	CASING SIZE & V	VEIGHT 27/	& "EVE	
CASING DEPTH	(e24"	DRILL PIPE		_TUBING			OTHER		
SLURRY WEIGH	fT	SLURRY VOL_		WATER gal/s	k	CEMENT LEFT in			
DISPLACEMENT	DISPLACEMENT 3. 61 645 DISPLACEMENT PSI MIX PSI RATE 4. 56pm								
REMARKS: held safety meeting, established circulation, mixed + pumped 150 # Promium									
2 2 / 4	Gel followed by 10 bbls from water, mixed + pumped 75 sks OWC coment.								
cement	to surface				sused 2	" rubber	-plus to	- 1	
TO W/	3. Let blos				008 c	-51, release	ed press		
shot in					-	•			
							1		
						/		7	
						7/		)	
							) 1	7	
						,	7	-	
ACCOUNT CODE	QUANITY	or UNITS	DE	SCRIPTION of	f SERVICES or PR	RODUCT	UNIT PRICE	TOTAL	
			1				1	200 - 00	

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE		1030.00
5406	32 m.	MILEAGE		100.00
5402	4241	casing footage		
5407	1/2 Minimum	ton mileage		175.00
2209C	9 Mrs	80 Vac		180.00
	3-1			1/110 00
1126	75 sks	owc coment	+	17/().
4402		2/3" rusber plug		≥8. ∞
11193	150 7	Premium Gel		31.50
				E con
			100 Annual	ad
		7.55%	SALES TAX	110.85
Ravin 3737	2 .	+.55	ESTIMATED TOTAL	3065.45

AUTHORIZTION No Co. Rep. on location 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.