



KANSAS CORPORATION COMMISSION 1150614
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: _____



1150614

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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# 32834

API 15-121-29478-00-00

Operator

Lease Name Griffith

Address

Well # 6

Contractor JTC Oil, Inc.

Spud Date 3/26/13 Cement 4/4/13

Contractor License__32834

Location_____ of _____

T.D. 640 T.D. of Pipe 615

_____ feet from _____

Surf. Pipe Size_6.25 _Depth 20ft.

_____ feet from _____

Kind of Well___prod

County Miami

Thickness	Strata	From	To	Thickness	Strata	From	To
2	soil	0	2	28	lime	209	237
4	clay	2	6	10	black shale	237-247	
89	shale	6	95	20	lime	247-267	
19	lime	95	114	5	coal	267-272	
12	shale	114	126	13	lime	272-285	
5	lime	126	131	136	shale	285-421	
20	shale	131	151	5	red bed	421-426	
5	lime	151	156	9	shale	426-435	
30	shale	156	186	3	oil sand	435-438	good
14	lime	186	200	3	oil sand	438-441	good
9	shale	200	209	3	lime oil	441-444	ok

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<hr/>	13	lime	444-457
<hr/>	41	shale	457-498
<hr/>	7	black shale	498-505
<hr/>	8	lime	505-513
<hr/>	12	shale	513-525
<hr/>	3	lime	525-528
<hr/>	11	black shale	528-539
<hr/>	7	lime	539-546
<hr/>	15	shale	546-561
<hr/>	5	lime	561-566
<hr/>	3	coal	566-569
<hr/>	3	lime	569-572
<hr/>	8	shale	572-580
<hr/>	2	oil sand	580-582 ok
<hr/>	2	oil sand	582-584 good
<hr/>	2	oil sand	584-586 good
<hr/>	2	oil sand	586-588 ok
<hr/>	2	oil sand	588-590broken
<hr/>	50	shale	590-640



CONSOLIDATED
Oil Well Services, LLC

257857

TICKET NUMBER 38690
LOCATION Ottawa KS
FOREMAN Fred Maden

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/4/13	41015	Griffith #6	SW 16	17	22	ML
CUSTOMER			TRUCK #			
JTC Oil Inc			DRIVER			
MAILING ADDRESS			TRUCK #			
35688 Plum Creek Rd			DRIVER			
CITY		STATE	ZIP CODE			
Osa Watomize		KS	66064			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			712	Fro Mad	Safety	WJ
			495	Har Bec	HB	J
			370	Kai Car	KC	
			510	Ser Tuc	ST	

JOB TYPE Long string HOLE SIZE 6 HOLE DEPTH 640' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 615' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 3.57 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: ~~Flt~~ Hold crew meeting. Establish pump rate. Mix & Pump 100# Gel
 Flush. Mix & Pump 0 SKS OWC Cement. Cement to surface
 Flush pump & lines clean. Displace 2 1/2" rubber plug to
 casing TD. Pressure to 800# PSI. Release pressure to set
 float valve. Shut in casing.

Fred Maden

JTC Drilling

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406		MILEAGE		N/C
5402	615	Casing footage		N/C
5407	1/2 M. minimum	Ton Miles	510	175 ⁰⁰
5502C	1 1/2 hr	80 BBL Vac Truck	370	135 ⁰⁰
1126	83 SKS	OWC Cement		1560 ⁴⁰
1118B	100*	Premium Gel		21 ⁰⁰
4402	1	2 1/2" Rubber Plug.		28 ⁰⁰
			7.5570	SALES TAX
				121 ⁵¹
				ESTIMATED TOTAL
				3070 ⁹¹



completed

AUTHORIZATION *Bin Bodd*

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