



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: _____



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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
---	--	--

DRILL LOG

Operator License # 32834 API # 15-121-29537-00-00
 Operator JTC Oil, Inc. Lease Name Wilson A
 Address P. O. Box 24386 Well # P-5
Stanley, KS 66283
 Contractor JTC Oil, Inc. Spud Date 7/12/13 Cement 7/17/13
 Contractor License 32834 Location _____ of _____
 T.D. 640 T.D. of Pipe 622 _____ feet from _____
 Surf. Pipe Size 7" Depth 20' _____ feet from _____
 Kind of Well Production County Miami

Thickness	Strata	From	To	Thickness	Strata	From	To
2	Soil	0	2	22	Shale	268	290
22	Clay	2	24	9	Lime	290	299
11	Lime	24	35	9	Shale	299	308
11	Shale	35	46	2	Lime	308	310
26	Lime	46	72	33	Shale	310	343
7	Black Shale	72	79	3	Coal	343	346
22	Lime	79	101	5	Shale	346	351
4	Coal	101	105	7	Lime	351	358
14	Lime	105	119	12	Shale	358	370
149	Shale	119	263	2	Lime	370	372
5	Red Bed	263	268	21	Black Shale	372	393

11	Lime	393	404	
4	Shale	404	408	
2	Red Bed	408	410	
8	Shale	410	418	
4	Lime	418	422	
6	Black Shale	422	428	
8	Lime	428	436	
5	Coal	436	441	
13	Sand	441	454	
25	Shale	454	479	
2	Lime	479	481	
25	Black Shale	481	506	
2	Oil Sand	506	508	Little
2	Oil Sand	508	510	Little
29	Shale	510	539	
2	Lime	539	541	
1	Shale	541	542	
1	Coal	542	543	
3	Shale	543	546	
2	Sand	546	548	
2	Oil Sand	548	550	Good
2	Oil Sand	550	552	V-Good
2	Oil Sand	552	554	V-Good
2	Oil Sand	554	556	V-Good

2	Oil Sand	556	558	V-Good
3	Oil Sand	558	561	V-Good
2	Oil Sand	561	563	V-Good
2	Oil Sand	563	565	V-Good
21	Black Shale	565	586	
54	Shale	586	640	



CONSOLIDATED
Oil Well Services, LLC

260648

TICKET NUMBER 42179

LOCATION Ottawa, KS

FOREMAN Cory Kennedy

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
7/17/13	4015	North Watson # 5	NE 4	18	22	MI
CUSTOMER JTC Oil Inc.						
MAILING ADDRESS 35688 Plum Creek						
CITY Osawatomie		STATE KS	ZIP CODE 66064			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			481	Cashen		
			666	Garth		
			510	Setter		
			675	Kei Det		

JOB TYPE logstring HOLE SIZE 7 1/4" HOLE DEPTH 640' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 620' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 3.59 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 102 sks our cement w/ 1/4# Floseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 3.59 bbls fresh water, pressured to 800 PSI, released pressure, shot in casing.

Signature

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5400	25 mi	MILEAGE		105.00
5402	620'	casing footage		
5407	minimum	ten mileage		368.00
5502C	2 hrs	80 vac		180.00
1126	102 sks	OWC cement		2014.50
118B	200 #	Premium Gel		44.00
1107	26 #	Floseal		64.22
4402	1	2 1/2" rubber plug		29.50
				7.4%
				SALES TAX
				ESTIMATED TOTAL
				159.26
				4049.48

completed

Ravin 3737

AUTHORIZATION Bin B...

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.