



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
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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: _____



1155279

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 Bbbs.	Gas Mcf	Water Bbbs.	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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DRILL LOG

Operator License # 32834 API # 15-121-29548-00-00
 Operator JTC Oil, Inc. Lease Name Wilson A
 Address P. O. Box 24386 Well # P-10
Stanley, KS 66283
 Contractor JTC Oil, Inc. Spud Date 7/15/13 Cement 7/17/13
 Contractor License 32834 Location _____ of _____
 T.D. 640 T.D. of Pipe 619 _____ 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	40	Shale	310	350
23	Clay	2	25	3	Coal	350	353
15	Lime	25	40	3	Shale	353	356
10	Shale	40	50	7	Lime	356	363
26	Lime	50	76	13	Shale	363	376
9	Black Shale	76	85	3	Lime	376	379
19	Lime	85	104	16	Black Shale	379	395
4	Coal	104	108	15	Lime	395	410
15	Lime	108	123	12	Shale	410	422
170	Shale	123	293	4	Lime	422	426
17	Lime	293	310	6	Coal	426	432

6	Lime	432	438	
2	Shale	438	440	
4	Coal	440	444	
11	Sand	444	455	
19	Shale	455	474	
34	Black Shale	474	508	
2	Oil Sand	508	510	Little Oil
2	Oil Sand	510	512	Little Oil
28	Shale	512	540	
2	Lime	540	542	
3	Coal	542	545	
7	Shale	545	552	
2	Oil Sand	552	554	OK
4	Oil Sand	554	558	V-Good
3	Oil Sand	558	561	V-Good
3	Oil Sand	561	564	V-Good
3	Oil Sand	564	567	V-Good
3	Oil Sand	567	570	V-Good
23	Black Shale	570	593	
47	Shale	593	640	



CONSOLIDATED
Oil Well Services, LLC

260649

TICKET NUMBER 42180

LOCATION Ottawa, KS

FOREMAN Casey 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 Wilson # 10	NE4	18	22	MI			
CUSTOMER JTC Oil & Gas Inc.									
MAILING ADDRESS 35688 Plum Creek									
CITY Osawatimie		STATE KS	ZIP CODE 666064						
		TRUCK #		DRIVER		TRUCK #		DRIVER	
		481		Casey					
		666		Gar Moo					
		510		Set Tue					
		675		Kei Det					

JOB TYPE long string HOLE SIZE 7 1/4" HOLE DEPTH 640' CASING SIZE & WEIGHT 2 7/8"
 CASING DEPTH 619' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 3.58 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 5 sks OWC cement w/ 1/4# Flo-seal per sk, cement to surface, pushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 3.58 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	on lease	MILEAGE		—
5402	619'	Casing footage		—
5407	minimum	ton mileage		368.00
5582C	2 hrs	80 Vac		180.00
1126	102 sks	OWC cement		2014.50
1118B	200 #	Premium Gel		44.00
1107	26 #	Flo-seal		64.22
4402	1	2 1/2" rubber plug		29.50
			7.47%	SALES TAX
				ESTIMATED TOTAL
				159.20
				3944.48

completed

Ravin 3737

AUTHORIZATION Bin Bader 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.