



**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: \_\_\_\_\_



1164689

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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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## DRILL LOG

**Operator License#** API 15-059-26234-00-00  
**Operator** Lease Name Coons  
**Address** Well # W30  
**Contractor** JTC Oil, Inc. Spud Date 5/10/13 Cement  
**Contractor License** 32834 Location \_\_\_\_\_ of \_\_\_\_\_  
**T.D. 778** T.D. of Pipe 750 \_\_\_\_\_ feet from \_\_\_\_\_  
**Surf. Pipe Size** 7" **Depth** 20' \_\_\_\_\_ feet from \_\_\_\_\_  
**Kind of Well** Inj\_ County Franklin

Thickness	Strata	From	To	Thickness	Strata	From	To
10	Dirt/Clay	0	10	11	Shale	288	299
46	Shale	10	56	8	Lime	299	307
27	Lime	56	83	20	Shale	307	327
9	Shale	83	91	3	Lime	327	330
11	Lime	91	102	18	Shale	330	348
3	Shale	102	105	3	Lime	348	351
17	Lime	105	122	14	Mix	351	365
40	Shale	122	162	8	Lime	365	373
21	Lime	162	183	3	Shale	373	376
78	Shale	183	261	14	Lime	376	390
27	Lime	261	288	8	Shale	390	398

	<b>32</b>	<b>Lime</b>	<b>398</b>	<b>430</b>
	<b>5</b>	<b>Shale</b>	<b>430</b>	<b>435</b>
	<b>4</b>	<b>Lime</b>	<b>435</b>	<b>439</b>
	<b>3</b>	<b>Shale</b>	<b>439</b>	<b>442</b>
	<b>12</b>	<b>Mix</b>	<b>442</b>	<b>454</b>
	<b>106</b>	<b>Shale</b>	<b>454</b>	<b>560</b>
<b>Tiny Oil</b>	<b>2</b>	<b>Sandy Shale</b>	<b>560</b>	<b>562</b>
	<b>38</b>	<b>Shale</b>	<b>562</b>	<b>600</b>
	<b>3</b>	<b>Lime</b>	<b>600</b>	<b>603</b>
	<b>11</b>	<b>Shale</b>	<b>603</b>	<b>614</b>
	<b>6</b>	<b>Lime</b>	<b>614</b>	<b>620</b>
	<b>10</b>	<b>Shale</b>	<b>620</b>	<b>630</b>
	<b>6</b>	<b>Lime</b>	<b>630</b>	<b>636</b>
	<b>6</b>	<b>Shale</b>	<b>636</b>	<b>642</b>
	<b>13</b>	<b>Lime</b>	<b>642</b>	<b>655</b>
	<b>5</b>	<b>Shale</b>	<b>655</b>	<b>660</b>
	<b>5</b>	<b>Lime</b>	<b>660</b>	<b>665</b>
	<b>6</b>	<b>Shale</b>	<b>665</b>	<b>671</b>
	<b>14</b>	<b>Lime</b>	<b>671</b>	<b>685</b>
	<b>20</b>	<b>Shale Mix</b>	<b>685</b>	<b>705</b>
	<b>5</b>	<b>Lime</b>	<b>705</b>	<b>712</b>
	<b>1</b>	<b>Sand</b>	<b>712-713</b>	<b>OK</b>

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2	Sand	713-715	OK
2	Sand	715-717	OK
2	Sand	717-719	OK
2	Sand	719-721	OK
2	Sand	721-723	OK
2	Sand	723-725	OK
2	Sand	725-727	OK
2	Sand	727-729	OK
2	Sand	729-731	Little
49	Shale	731	780

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259119

TICKET NUMBER 41951

LOCATION Ottawa KS

FOREMAN Fred Madr

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
5/23/13	41015	Coone # W-30	32	15	21	FR

CUSTOMER		TRUCK #		DRIVER	
JTC Oil Inc		712	Fre Mad		
MAILING ADDRESS		495	Kei Car		
3568 Plum Creek Rd		369	Dev Mas		
CITY	STATE	ZIP CODE			
Osawatomie	Ks	66064	548	Mix Haa	

JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT
Long string	5 7/8	778	2 7/8 EUE
CASING DEPTH	DRILL PIPE	TUBING	OTHER
750			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
			2 1/2" Plug
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE
4.36			4 BPM

REMARKS: Hold crew meeting, Establish pump rate. Mix & Pump 100<sup>#</sup> Gel Flush. Mix & Pump 80 sks OWC Cement. Cement to surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 800<sup>#</sup> PSI Hold & monitor pressure for 30 min MIT. Release pressure to set float valve. Shut in casing.

JTC Drilling

Fred Madr

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 <sup>00</sup>
5406	20 mi.	MILEAGE	495	840 <sup>00</sup>
5402	250	Casing Footage		N/C
5502C	2 hrs	50 BBL Vac Truck	369	180 <sup>00</sup>
5407	1/2 minimum	Ten Miles	548	184 <sup>00</sup>
1126	80 SKS	OWC Cement		1580 <sup>00</sup>
1118B	100 <sup>#</sup>	Premium Gel		22 <sup>00</sup>
4402	1	2 1/2" Rubber Plug		29 <sup>50</sup>
				7.8%
			SALES TAX	127 <sup>26</sup>
				ESTIMATED TOTAL
				3291 <sup>76</sup>



avin 3737

AUTHORIZATION

Bruce 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.