



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
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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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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 # 15-121-29519-00-00
Operator JTC Oil, Inc. Lease Name Wilson B
Address P. O. Box 24386 Well # P-2
Stanley, KS 66283
Contractor JTC Oil, Inc. Spud Date 6/7/13 Cement 6/28/13
Contractor License 32834 Location _____ of _____
T.D. 580 T.D. of Pipe 0 _____ 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	32	Shale	224	256
10	Clay	2	12	16	Lime	256	272
11	Lime	12	23	8	Shale	272	280
9	Shale	23	32	14	Lime	280	294
28	Lime	32	60	41	Shale	294	335
6	Black Shale	60	66	3	Coal	335	338
18	Lime	66	84	5	Shale	338	343
4	Coal	84	88	9	Lime	343	352
18	Lime	88	106	11	Shale	352	363
115	Shale	106	221	3	Lime	363	366
3	Lime	221	224	16	Black Shale	366	382

12	Lime	382	394	
17	Shale	394	411	
3	Lime	411	414	
5	Coal	414	419	
7	Black Shale	419	426	
8	Lime	426	434	
9	Shale	434	443	
10	Sand	443	453	
17	Shale	453	470	
2	Lime	470	472	
27	Black Shale	472	499	
1	Oil Sand	499	500	Little
1	Sand	500	501	
15	Shale	501	516	
2	Coal	516	518	
11	Shale	518	529	
2	Lime	529	531	
2	Shale	531	533	
3	Coal	533	536	
3	Shale	536	539	
13	Sand	539	552	
18	Shale	552	570	
10	Black Shale	570	580	



CONSOLIDATED
Oil Well Services, LLC

260177

TICKET NUMBER 42103
LOCATION Ottawa KS
FOREMAN Fred Mader

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
6/28/13	4015	Wilson South # P.2	NE 3	18	22	MI
CUSTOMER			TRUCK #			
JTC Oil Inc			DRIVER			
MAILING ADDRESS			TRUCK #			
35688 Plum Creek Rd			DRIVER			
CITY			TRUCK #			
Oswatomia			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
66064			DRIVER			

JOB TYPE Plug HOLE SIZE 6 3/4" HOLE DEPTH 580' CASING SIZE & WEIGHT N/A
 CASING DEPTH — DRILL PIPE — TUBING — OTHER —
 SLURRY WEIGHT — SLURRY VOL — WATER gal/sk — CEMENT LEFT in CASING Full
 DISPLACEMENT N/A DISPLACEMENT PSI — MIX PSI — RATE 5 BPM

REMARKS: Hold crew mix My Rig ran 1" tubing to TD Pump 60 SKS
Cement to fill to 550' Pull 1" to 300' Fill to surface w/
Cement Pull remaining 1" Tubing. Top off well w/Cement
Wash out Tubing.

Total 102 SKS 50/50 Poz Mix Cement 6% Gel.

Customer Supplied Salt Water
JTC Oil

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE <u>Plug to Abandon</u>	495	1095 ⁰⁰
5406	—	MILEAGE		N/C
5407	1/2 Minimum	Top Miles		189 ⁰⁰
1124	102 SKS	50/50 Poz Mix Cement		1173 ⁰⁰
1118B	514 #	Premium Gel		113 ⁰⁸
			7.55%	SALES TAX
				ESTIMATED
				TOTAL
				97 ¹⁰
				2652 ¹⁸

completed

Ravin 3737

AUTHORIZATION [Signature] 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.