



KANSAS CORPORATION COMMISSION 1170730
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: _____



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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Operator License # 32834
 Operator JTC Oil, Inc.
 Address P. O. Box 24386
 City Stanley, KS 66283
 Contractor JTC Oil, Inc.
 Contractor License # 32834
 T.D. 720
 T.D. of pipe 634
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Production

API # 15-121-29612-00-00
 Lease Name Renner
 Well # P-10
 Spud Date 9/16/2013
 Cement Date 9/25/2013
 Location Sec 16 T 17 R22
 1250 feet from S line
 1425 feet from E line
 County Miami

Driller's Log

Thickness	Strata	From	To	
1	Soil	0	1	
2	Lime	1	3	
3	Clay	3	6	
97	Shale	6	103	
20	Lime	103	123	
29	Shale	123	152	
8	Lime	152	160	
33	Shale	160	193	
14	Lime	193	207	
8	Shale	207	215	
29	Lime	215	244	
7	Black Shale	244	251	
20	Lime	251	271	
4	Coal	271	275	
12	Lime	275	287	
138	Shale	287	425	
3	Sandy Shale	425	428	Broken
3	Lime	428	431	
3	Oil Sand	431	434	Little Oil
4	Sandy Shale	434	438	Little Oil
3	Oil Sand	438	441	OK
3	Oil Sand	441	444	Good
3	Oil Sand	444	447	Good
2	Shale	447	449	
12	Lime	449	461	
45	Shale	461	506	
3	Coal	506	509	
5	Shale	509	514	
9	Lime	514	523	
12	Shale	523	535	
3	Lime	535	538	
13	Black Shale	538	551	
7	Lime	551	558	
15	Shale	558	573	

5	Lime	573	578	
3	Coal	578	581	
7	Shale	581	588	
3	Oil Sand	588	591	Good
3	Oil Sand	591	594	V-Good
4	Oil Sand	594	598	V-Good
30	Shale	598	628	
24	Black Shale	628	652	
5	Sandy	652	657	
15	Black Shale	657	672	
11	Shale	672	683	
2	Lime	683	685	
9	Shale	685	694	
2	Coal	694	696	
3	Shale	696	699	
14	Sand	699	713	
7	Shale	713	720	



CONSOLIDATED
Oil Well Services, LLC

262672

TICKET NUMBER 44670
LOCATION Ottawa
FOREMAN Alan Made

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
9-25-13	4015	Renner P-10	SE 16	17	22	MI
CUSTOMER JTC Oil			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 35688			516	Alan Made	Safety	Meel
CITY Ossawatimie			666	Gar Mon		
STATE KS			558	Mat Coc		
ZIP CODE 66064						

JOB TYPE long string HOLE SIZE 3 7/8 HOLE DEPTH 650 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 634 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING YES
DISPLACEMENT 3.7 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held necking, Established rate down casing, mixed & pumped 100# gel followed by 77 sk DWC plus 1/2# flo seal per sack. Circulated cement. Flushed pump, pumped plus to casing TD. Well held 800 PSI. SCT float. Closed valve.

JTC Drilling & Water

Alan Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	666	1085.00 ✓
5406	—	MILEAGE	666	— ✓
5402	634	casing footage	666	— ✓
5407	2 min	tonniles	558	189.00 ✓
1126	77	DWC		1520.75 ✓
118B	100#	gel		22.00 ✓
1107	19#	fla seal		46.93 ✓
4402	1	2 1/2 plus		29.50 ✓
SALES TAX				119.82 ✓
ESTIMATED TOTAL				3008.00 ✓

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.