



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1171422

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 Date Reached TD Completion Date or
Recompletion Date 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: _____

1171422

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 ☐ Yes ☐ No
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☐ No

Cores Taken ☐ Yes ☐ No

Electric Log Run ☐ Yes ☐ No

Electric Log Submitted Electronically ☐ Yes ☐ No
(If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
Name Top Datum

CASING RECORD ☐ New ☐ 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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> 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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	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. 840
 T.D. of pipe 812
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Production

API # 15-121-29766-00-00
 Lease Name Petit
 Well # P-13

Spud Date 11/11/2013

Cement Date

Location Sec 33 T 17 R 22
 1155 feet from S line
 165 feet from E line
 County Miami

Driller's Log

Thickness	Strata	From	To
3	Soil	0	3
19	Lime	3	22
54	Shale	22	76
15	Lime	76	91
11	Shale	91	102
26	Lime	102	128
8	Black Shale	128	136
22	Lime	136	158
5	Coal	158	163
13	Lime	163	176
167	Shale	176	343
11	Lime	343	354
48	Shale	354	402
2	Coal	402	404
5	Shale	404	409
9	Lime	409	418
11	Shale	418	429
3	Lime	429	432
20	Black Shale	432	452
15	Lime	452	467
17	Shale	467	484
18	Lime	484	502
35	Shale	502	537
32	Black Shale	537	569
2	Sandy	569	571
18	Black Shale	571	589
12	Shale	589	601
1	Lime	601	602
5	Shale	602	607
3	Coal	607	610
16	Shale	610	626
32	Black Shale	626	658
32	Shale	658	690
19	Black Shale	690	709

Little Oil

9	Sand	709	718	
24	Black Shale	718	742	
14	Sand	742	756	
6	Black Shale	756	762	
3	Shale	762	765	
2	Oil Sand	765	767	Good
2	Oil Sand	767	769	V-Good
2	Oil Sand	769	771	V-Good
2	Oil Sand	771	773	V-Good
1	Oil Sand	773	774	Good
4	Coal	774	778	
62	Shale	778	840	

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

TICKET NUMBER 44846

LOCATION Ottawa K.S.

FOREMAN Fred Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-15-13	4015	Petit P. 13	SE 38	17	22	M1
CUSTOMER						
JTC Oil Inc						
MAILING ADDRESS						
35688 Plum Creek Rd						
CITY	STATE	ZIP CODE				
Oswatimie	KS	66064				

TRUCK #	DRIVER	TRUCK #	DRIVER
712	FrcMad		
495	HarBec		
675	KaDet		
510	SetTuc		

JOB TYPE <u>Long string</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>880</u>	CASING SIZE & WEIGHT <u>2 7/8 EOE</u>
CASING DEPTH <u>812'</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>2 1/2" Plug</u>
DISPLACEMENT <u>4.72</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>4 BPM</u>

REMARKS: Hold crew safety meeting. Establish circulation. Mix Pump 100% Gel Flush. Mix Pump 106 SKS OWC Cement. Cement to Surface Flush pump & lines clean. Displace 2 1/2" Robber plug to casing TD. Pressure to 800 # PSI. Release pressure to set float Valve. Shut in Casing.

Via Drilling

Fred Macdon

[illegible]

Ravin 3737

AUTHORIZATION

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.