



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1171605

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: _____

1171605

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: _____ _____ |
|--|--|--|

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. 400
 T.D. of pipe 387
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Production

API # 15-121-29622-00-00
 Lease Name Bristow
 Well # P-4
 Spud Date 9/18/2013
 Cement Date 9/25/2013
 Location Sec 27 T 17 R 22
 890 feet from N line
 2805 feet from E line
 County Miami

Driller's Log

| Thickness | Strata | From | To | |
|-----------|-------------|------|-----|--------|
| 2 | Soil | 0 | 2 | |
| 10 | Clay | 2 | 12 | |
| 15 | Lime | 12 | 27 | |
| 18 | Shale | 27 | 45 | |
| 5 | Lime | 45 | 50 | |
| 29 | Shale | 50 | 79 | |
| 17 | Lime | 79 | 96 | |
| 13 | Shale | 96 | 109 | |
| 26 | Lime | 109 | 135 | |
| 4 | Black Shale | 135 | 139 | |
| 24 | Lime | 139 | 163 | |
| 4 | Coal | 163 | 167 | |
| 13 | Lime | 167 | 180 | |
| 136 | Shale | 180 | 316 | |
| 2 | Red Bed | 316 | 318 | |
| 3 | Shale | 318 | 321 | |
| 3 | Oil Sand | 321 | 324 | OK |
| 3 | Oil Sand | 324 | 327 | OK |
| 3 | Oil Sand | 327 | 330 | OK |
| 3 | Oil Sand | 330 | 333 | Good |
| 3 | Oil Sand | 333 | 336 | V-Good |
| 2 | Oil Sand | 336 | 338 | V-Good |
| 3 | Oil Sand | 338 | 341 | V-Good |
| 3 | Oil Sand | 341 | 344 | V-Good |
| 2 | Oil Sand | 344 | 346 | Good |
| 12 | Lime | 346 | 358 | |
| 42 | Shale | 358 | 400 | |

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

FIELD TICKET & TREATMENT REPORT

TICKET NUMBER 42515
LOCATION OTF-4wc
FOREMAN Alan Made

| | | | | | | |
|--------------------------------------|-------------|--------------------|---------|-----------|---------|--------|
| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
| 9-25-13 | 4015 | Brighton P. 4 | 27 | 17 | 22 | M: |
| CUSTOMER JTC O:1 | | | | | | |
| MAILING ADDRESS 356 88 Plum Creek | | | | | | |
| CITY Osgoetown | STATE KS | ZIP CODE 66064 | | | | |
| | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| | | | 516 | Al + Magd | | |
| | | | 666 | Gard Mod | | |
| | | | 558 | Mat Coc | | |
| | | | | | | |

| | | | |
|------------------------------|-----------------------------|-----------------------|-----------------------------------|
| JOB TYPE <u>long strings</u> | HOLE SIZE <u>5 7/8</u> | HOLE DEPTH <u>400</u> | CASING SIZE & WEIGHT <u>2 7/8</u> |
| CASING DEPTH <u>387</u> | DRILL PIPE _____ | TUBING _____ | OTHER _____ |
| SLURRY WEIGHT _____ | SLURRY VOL _____ | WATER gal/sk _____ | CEMENT LEFT in CASING <u>yes</u> |
| DISPLACEMENT <u>2 1/4</u> | DISPLACEMENT PSI <u>800</u> | MIX PSI <u>200</u> | RATE <u>46 gpm</u> |

REMARKS: Established rate down casing. Mixed & pumped 100 # gel followed by 48 gk OWC plus 1/4 # Flo-Seal. Circulated cement. Flushed pump. Pumped plus to casing TD. Well held 800 PSI. Set flow. Closed valve.

ITC Drilling & water.

Adam Maher

[illegible]

Bayin 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 the services identified on this form.