Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1174412

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
GRAN GRANN G	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane)	Multiple Stage Cementing Collar Used?
Cathodic Other (Core, Expl., etc.):	
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Lastian of fluid diamonal if bould officiate
	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East _ West
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date Recompletion Date	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
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II III Approved by: Date:

	Page Two	1174412		
Operator Name:	Lease Name:	Well #:		
Sec TwpS. R East West	County:			
INCTRUCTIONS. Chave important tapa of formations panatrated	Datail all agree Bapart all f	final conice of drill stome tests giving interval tested, time test		

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken (Attach Additional She	eets)	Yes No		_og Formatio	on (Top), Depth an	d Datum	Sample
Samples Sent to Geolog	ical Survey	Yes No	Nam	ie		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING Report all strings set-o		ew Used ermediate, product	ion, 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 / SQI	JEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing Plug Back TD							
Plug Off Zone							

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

No	(If No, skip questions 2 and 3)
No	(If No, skip question 3)

No

(If No, fill out Page Three of the ACO-1)

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:	Se	et At:	Packer	At:	Liner Rı	un:	No	
Date of First, Resumed F	Production	, SWD or ENHR.	Producing		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bbls.	Gas	Mcf	Wat	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIO	N OF GAS	3:		METHOD	OF COMPLE	TION:		PRODUCTION IN	TERVAL:
Vented Sold	Use	ed on Lease	Open Hole	Perf.	Dually (Submit)	r Comp. 4 <i>CO-5)</i>	Commingled (Submit ACO-4)	·	
(If vented, Subr	mit ACO-18	3.)	Other (Speci	ify)			. ,		

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

	Operator License #	32834		API #
	Operator	JTC Oil, Inc.		Lease Na
	Address	P. O. Box 24386		Well #
	City	Stanley, KS 66283		
	Contractor	JTC Oil, Inc.		Spud Dat
	Contractor License #	32834		Cement I
	T.D.	400		Location
	T.D. of pipe	381		
	Surface pipe size	7"		
	Surface pipe depth	20'		County
	Well Type	Injection		
	Driller'	s Log		
Thickness	Strata	From	То	
2	Soil	0	2	
9	Clay	2	11	
13	Lime	11	24	
21	Shale	24	45	
5	Lime	45	50	
33	Shale	50	83	
13	Lime	83	96	
11	Shale	96	107	
27	Lime	107	134	
7	Black Shale	134	141	
22	Lime	141	163	
4	Coal	163	167	
13	Lime	167	180	
140	Shale	180	320	
8	Lime Shale	<i>3</i> 20	328	
3	Oil Sand	328	331	Good
3	Oil Sand	331	334	V-Good
2	Oil Sand	334	336	V-Good
2	Oil Sand	336	338	V-Good
2	Oil Sand	338	340	V-Good
2	Oil Sand	340	342	Good
3	Oil Sand	342	345	V-Good
1	Oil Sand	345	346	V-Good
8	Lime	346	354	
46	Shale	354	400	

API # Lease Name Well #	15-121-296 Bristow I-2	32-00-0	0
Spud Date	9/25/2013		
Cement Date	e 10/2/2013		
Location	Sec 27	T 17	R 22
7	25 feet from	Ν	line
33	300 feet from	Е	line
County	Miami		

G	OII Well Services, LLC	243	-		TICKET NUM	Ottawa KS	365
PO Box 884, 0	Chanute, KS 66720 F	ELD TICKE	T & TREA	TMENT REP	PORT	- Cane	ay
	or 800-467-8676	×	CEMEN	Т			
DATE	the second se	ELL NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
10/2/13	4015 Brist	w# 2		NW 27	17	22	
CUSTOMER	TC ALL.						MI
MAILING ADDR	RESS		-	TRUCK #	DRIVER	TRUCK #	DRIVER
30	TARE I Carl			481	Carken	v Satoh.	Made
CITY	1688 Flum Creek	ZIP CODE		6606	GarMoo	V	Theory
Osawar				510	Settic	V	
		6" (0"		369	Mikteg	V	
JOB TYPE 10	/ ~ / ~ ~ ~	(0"	HOLE DEPTH	400'	CASING SIZE & V	VEIGHT 27	" FUE
CASING DEPTH			TUBING			OTHER	
SLURRY WEIG			WATER gal/s	k	CEMENT LEFT in	CASING	
DISPLACEMEN	AL AL	1.1.1.	MIX PSI	and the second	RATE 4.560	<u> </u>	
REMARKS: he		established	circula	Son, mixe	d + auna	d 200 #	Prov. Sum
Gel follow		in matter,	nixed +	punpeo	152 des		concert
w/ 147 H	losed per sk cen		surface	2, Alshed	puns de		2 21/2"
rubber plu	g to casing TD .	$\omega/$: k	obly fresh	a water	pressured +	o fron F	£1 21
relassed pri	assure, shut in cas	ing.					
	·····			-	Λ	.7	
						10-	
A . 10 1	Ti				151		
a week hi	eld pressure for 30	min LIT	*				
400011117	, 						
ACCOUNT CODE	QUANITY or UNITS	DES	CRIPTION of	SERVICES or PRO	DDUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE					
5406	on lease	MILEAGE					1685.00
5402	?	rasing	footace				
54/17	V.c.	19	. voinge				

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	on lease	MILEAGE		1685.00
5402	?	casing footage		-
5407	1/4 minimum	ton mileage		92,00
5020	no charge	80 Vac		10.00
1126	52 sles	Owe coment		10 00 00
118B	200 #	Promium Gel		1027.00
107	13 #	Flassel		44.00
4402	1	Flospal 21/2" rubber plug	-	32.11
				29.50
			nomna	•
				F
			8	11
3737		7.48		83.82 4
	1100 1.1		ESTIMATED TOTAL	2393.43
THORIZTION	Vo LO Kep our locat	ion TITLE Jim Green Olc 'd	DATE	-2012.10

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.