



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1188269
OIL & GAS CONSERVATION DIVISION

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 # _____

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1188269

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 <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 List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes 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 <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

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: _____ _____
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------

Operator License # 35000
 Operator Flinthills Oil Co, LLC
 Address 27011 W. 226 St
 City Spring Hill, KS 66083
 Contractor JTC Oil, Inc.
 Contractor License # 32834
 T.D. 860
 T.D. of pipe 775
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Injection

API # 15-059-26565-00-00
 Lease Name Chase
 Well # I-1
 Spud Date 11/30/2013
 Cement Date 12/4/2013
 Location Sec 33 T 17 R 21
 375 feet from N line
 330 feet from W line
 County Franklin

Driller's Log

Thickness	Strata	From	To	
3	Soil	0	3	
5	Clay	3	8	
10	Lime	8	18	
93	Shale	18	111	
20	Lime	111	131	
24	Shale	131	155	
6	Lime	155	161	
37	Shale	161	198	
17	Lime	198	215	
10	Shale	215	225	
28	Lime	225	253	
7	Black Shale	253	260	
22	Lime	260	282	
4	Coal	282	286	
12	Lime	286	298	
155	Shale	298	453	
12	Lime	453	465	
50	Shale	465	515	
4	Lime	515	519	
10	Shale	519	529	
2	Lime	529	531	
31	Black Shale	531	562	
2	Lime Oil	562	564	V-Good
2	Lime Oil	564	566	OK
7	Shale	566	573	
2	Oil Sand	573	575	Good
25	Shale	575	600	
37	Black Shale	600	637	
3	Sandy	637	640	
3	Oil Sand	640	643	Little
5	Sandy	643	648	
22	Shale	648	670	
1	Lime	670	671	
16	Shale	671	687	

2	Sand	687	689		Gas & Light Oil
2	Sand	689	691	Little Oil	Gas & Light Oil
2	Sand	691	693	OK	Gas & Light Oil
5	Sandy	693	698	Good	
37	Black Shale	698	735		
24	Sandy	735	759		
3	Oil Sand	759	762	Broken	Best Sand
2	Oil Sand	762	764	OK	Best Sand
2	Oil Sand	764	766	Good	Best Sand
2	Oil Sand	766	768	Good	Best Sand
2	Oil Sand	768	770	OK	Best Sand
22	Sand	770	792	Water	
42	Sandy	792	834	Water	
26	Sand	834	860	Water	



CONSOLIDATED
Oil Well Services, LLC

264548

TICKET NUMBER 44912

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
12.4.13	4015	Chase # 1-1	NW 33	17	21	FR
CUSTOMER JTC Drilling Inc			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 35688 Plum Creek Rd			712	Fred Mad		
CITY Oswatimie			495	Hal Bec		
STATE KS			369	Jas Ric		
ZIP CODE 66064			558	Max Coc		

JOB TYPE Long string HOLE SIZE _____ HOLE DEPTH 760 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 705 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4.1 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Held a new safety meeting. Establish pump rate. Mix + Pump 100# Gel flush. Mix + Pump 85 sks OWC cement 1/4" Flo Seal / sk. Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 800# PSI. Release pressure to set float valve. Shut in casing.

Note: Held pressure on casing for 30 min MIT.

JTC Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	15 mi	MILEAGE	495	63 ⁰⁰
5402	705	Casing footage		N/C
5407	1/2 minimum	Ton Miles	558	184 ⁰⁰
5502C	1/2 hr	80 BBL Vac Truck	369	135 ⁰⁰
112B	855 sks	OWC Cement		1678 ⁷⁵
112B	100 #	Premium Gel		22 ⁰⁰
1107	23 #	Flo Seal		56 ⁸¹
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			7.65%	
		SALES TAX		136 ²¹
		ESTIMATED TOTAL		3390 ⁷⁷

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.