

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1191442

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: _____

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

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum
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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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 (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

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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Operator License # 32834
 Operator JTC Oil, Inc.
 Address PO Box 24386
 City Stanley, KS 66283
 Contractor JTC Oil, Inc.
 Contractor License # 32834
 T.D. 800
 T.D. of pipe 780
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Production

API # 15-121-29768-00-00
 Lease Name Petit
 Well # P-15
 Spud Date 1/18/2014
 Cement Date 1/31/2014
 Location Sec 33 T 17 R 22
 495 feet from S line
 165 feet from E line
 County Miami

Driller's Log

Thickness	Strata	From	To	
2	soil	0	2	
8	clay	2	10	
54	shale	10	64	
14	lime	64	78	
10	shale	78	88	
27	lime	88	115	
6	black shale	115	121	
21	lime	121	142	
4	coal	142	146	
14	lime	146	160	
174	shale	160	334	
12	lime	334	346	
52	shale	346	398	
6	lime	398	404	
13	shale	404	417	
3	lime	417	420	
23	black shale	420	443	
6	lime	443	449	
35	shale	449	484	
5	lime	484	489	
39	shale	489	528	
28	black shale	528	556	
4	sandy	556	560	
28	shale	560	588	
1	lime	588	589	
14	shale	589	603	
3	sandy	603	606	
3	sandy	606	609	
3	sandy	609	612	
32	black shale	612	644	
25	shale	644	669	
23	black shale	669	692	
1	oil sand	692	693	oil
2	oil sand	693	695	good

2	shale sand	695	697	ok
46	shale	697	743	
2	oil sand	743	745	ok
2	oil sand	745	747	good
2	oil sand	747	749	good
2	oil sand	749	751	good
49	shale	751	800	



FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER 42613
LOCATION OTFwg
FOREMAN Alan Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-31-14	4015	Petit #15	SE 33	18	22	Mi
CUSTOMER JTC Oil						
MAILING ADDRESS 35688 Plum Creek						
CITY Oswatomie	STATE KS	ZIP CODE 66064	TRUCK #	DRIVER	TRUCK #	DRIVER
			730	Ala Mad	Safety	Meer
			495	Har Bec		
			675	Kei Det		
			558	Kei Car		

JOB TYPE <u>long string</u>	HOLE SIZE <u>6</u>	HOLE DEPTH <u>800</u>	CASING SIZE & WEIGHT <u>2 7/8</u>
CASING DEPTH <u>780</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>48</u>
DISPLACEMENT <u>4 1/2</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>56 bpm</u>

REMARKS: Held meeting. Established rate. Mixed & pumped 100 #
gel followed by 95 SK DWC plus 1/4# flo seal. Circulated
cement. Flushed pump. Pumped plug to casing TD.
Well held 800 PST. Set float. Closed valve.

Alan Mader

[illegible]

Ravin 3737

AUTHORIZATION 21 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.