



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1192053
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
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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: _____

1192053

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
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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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> _____	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 813
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Production

API # 15-121-29769-00-00
 Lease Name Petit
 Well # P-25
 Spud Date 11/11/2013
 Cement Date 11/15/2013
 Location Sec 33 T 17 R 22
 1155 feet from S line
 1485 feet from E line
 County Miami

Driller's Log

Thickness	Strata	From	To	
2	Soil	0	2	
5	Clay	2	7	
18	Lime	7	25	
12	Shale	25	37	
4	Red Bed	37	41	
41	Shale	41	82	
14	Lime	82	96	
11	Shale	96	107	
27	Lime	107	134	
9	Black Shale	134	143	
19	Lime	143	162	
4	Coal	162	166	
13	Lime	166	179	
168	Shale	179	347	
11	Lime	347	358	
46	Shale	358	404	
2	Coal	404	406	
4	Shale	406	410	
8	Lime	410	418	
11	Shale	418	429	
3	Lime	429	432	
20	Black Shale	432	452	
18	Lime	452	470	
25	Shale	470	495	
8	Lime	495	503	
36	Shale	503	539	
29	Black Shale	539	568	
3	Sandy	568	571	Little Oil
18	Black Shale	571	589	
2	Lime	589	591	
26	Shale	591	617	
1	Oil Sand	617	618	OK
2	Oil Sand	618	620	Good
5	Sandy Shale	620	625	

29	Black Shale	625	654	
102	Shale	654	756	
4	Sand	756	760	
2	Coal	760	762	
7	Shale	762	769	
2	Oil Sand	769	771	Good
2	Oil Sand	771	773	Good
3	Oil Sand	773	776	V-Good
2	Oil Sand	776	778	Good
2	Oil Sand	778	780	OK
2	Oil Sand	780	782	OK
1	Oil Sand	782	783	Broken
57	Shale	783	840	



CONSOLIDATED
Oil Well Services, LLC

264055

TICKET NUMBER 44847

LOCATION Ottawa KS

FOREMAN Fred Maden

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
11-15-13	4015	Petit # P. 25	SE 33	17	22	Mc
CUSTOMER JTC Oil Inc			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 35688 Plum Creek Rd			712	Fred Mad		
CITY Osawatomie			495	Har Bar		
STATE KS			675	Kai Det		
ZIP CODE 66064			570	Set Tue		

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 590 CASING SIZE & WEIGHT 2 1/8 EUE
 CASING DEPTH 813 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4.73 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix + Pump 100# Gal Flush. Mix + Pump 1106 sks OWC cement. 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.

JTC Drilling.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	—	MILEAGE		N/C
5402	813	Casing footage		N/C
5407	1/2 minimum	Ton Miles	570	184 ⁰⁰
5502C	1 1/2 hr	80 BBL Vac Truck	675	135 ⁰⁰
1126	106 sks	OWC Cement		2093 ⁵⁰
1118B	100 #	Premium Gal		22 ⁰⁰
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			7.65%	SALES TAX
				ESTIMATED TOTAL
				164 ⁰⁰
				3713 ⁰⁰

completed

Ravin 3737

[Signature]

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