

Cor	nfiden	tiality	/ Requested	d:
	Yes	N	lo	

## Kansas Corporation Commission Oil & Gas Conservation Division

1194136

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:	SecTwpS. R 🔲 East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Elevation: Ground: Kelly Bushing:
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
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 #:	Dewatering method used:
Dual Completion Permit #:  SWD Permit #:	
SWD Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
Γοιιπίπ.	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R
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



Operator Name:				_ Lease I	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in presson surface test, along	sures, whether with final chart	shut-in pre (s). Attach	ssure reac extra shee	hed stati t if more	c level, hydrosta space is neede	tic pressures, bot d.	tom hole temp	erature, fluid	recovery,
Final Radioactivity Lo- files must be submitte						ogs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital elec	tronic log
Drill Stem Tests Taker (Attach Additional S		Yes	No				on (Top), Depth ar		Sam	
Samples Sent to Geo	logical Survey	Yes	☐ No		Nam	e		Тор	Datu	m
Cores Taken Yes No Electric Log Run Yes No										
List All E. Logs Run:										
				RECORD	Ne					
	0	· ·				ermediate, product		T "0 1	I	
Purpose of String	Size Hole Drilled	Size Ca Set (In 0		Weig Lbs.		Setting Depth	Type of Cement	# Sacks Used	Type and I Additiv	
		Al	DDITIONAL	CEMENTI	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of C	ement	# Sacks	Used		Type and P	ercent Additives		
Perforate Protect Casing	Top Bottom									
Plug Back TD Plug Off Zone										
r lug on zone										
Did you perform a hydrau	ulic fracturing treatment	on this well?				Yes	No (If No, ski	p questions 2 ar	nd 3)	
Does the volume of the to								p question 3)		
Was the hydraulic fractur	ing treatment information	on submitted to th	ne chemical o	disclosure re	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot		ON RECORD - Footage of Each					cture, Shot, Cement		d	Depth
	Эреспу	1 oolage of Lacif	iliterval Feli	Orated		(A	THOURT AND KIND OF MA	teriai Oseu)		Берит
TUBING RECORD:	Size:	Set At:		Packer A	+-	Liner Run:				
TOBING FILEGORIS.	0.20	001711.		r donor 7	••	[	Yes No			
Date of First, Resumed	Production, SWD or EN	NHR. Pro	oducing Meth		a $\Box$	Coo Lift 0	Other (Evelein)			
Estimated Dradustics	0.11	Dhla	Flowing	Pumpin			Other (Explain)	Nee Oil D-#-		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat	eı B	bls. C	Gas-Oil Ratio	G	iravity
	ON OF GAS:	Open		METHOD OF Perf.			nmingled	PRODUCTION	ON INTERVAL:	
Vented Sold	Used on Lease  bmit ACO-18.)		(Specify)	_ 1 011.	(Submit		mit ACO-4)			

	Operator License # Operator	32834 JTC Oil, Inc.		API # Lease Name	15-121-29867-00-00 Burris		
	Address	PO Box 24386		Well #	SI-3		
	City	Stanley, KS 66283		***************************************	3. 3		
	Contractor	JTC Oil, Inc.		Spud Date	2/16/2014		
	Contractor License #	32834		Cement Date	2/19/2014		
	T.D.	660		Location	Sec 26	T 17	R 21
	T.D. of pipe	632			0 feet from	S	line
	Surface pipe size	7"			7 feet from	E	line
	Surface pipe depth	20'		County	Miami	_	
	Well Type	Injection		,			
	Driller's						
Thickness	Strata	From	То				
3	dirt	0	3				
14	lime	3	17				
93	shale	17	110				
20	lime	110	130				
23	shale	130	153				
6	lime	153	159				
24	shale	159	183				
4	red shale	183	187				
13	shale	187	200				
16	lime	200	216				
11	shale	216	227				
28	lime	227	255				
8	shale	255	263				
21	lime	263	284				
10	shale	284	294				
9	lime	294	303				
132	shale	303	435				
18	top sand	435	453	good			
15	lime	453	468				
45	shale	468	513				
10	lime	513	523				
5	shale	523	528				
5	lime	528	533				
14	shale	533	547				
4	lime	547	551				
23	shale	551	574				
4	lime oil	574	578				
8	shale	578	586				
2	sand	586	588	ok			
2	good	588	590				
2	good	590	592				
2	ok	592	594				
2	ok	594	596				
2	little	596	598				

 11
 sand
 598
 609

 51
 shale
 609
 660



266013

TICKET NUMBER	42596
LOCATION 0++ac	ua Kis
FOREMAN Frad	Made

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

## FIELD TICKET & TREATMENT REPORT

20-431-9210	ST 800-407-8070			CEMEN	1 1			
DATG	CUSTOMER#	*	NAME & NUMBE	ER	SECTION	TOWNSHIP	RANGE	COUNTY
2/19/14 CUSTOMER	4015	Burris	# SI-	- 3	NF 26	17	23	MI
AILING ADDRE	TC 0:1	Inc			TRUCK#	DRIVER	TRUCK#	DRIVER
IAILING ADDRE	ESS				712	FreMad		
356	88 Plu	m Creek	. Rd		495	Har Bec		
ITY	1 4 4	STATE	ZIP CODE	***	675	Kei Det		
Osawa	atomie	KS	66064		548	Mik Haa		
	masting	HOLE SIZE	578-	HOLE DEPTI	H 660'	CASING SIZE & W	/EIGHT <u>27/</u>	EUE
ASING DEPTH	632	DRILL PIPE		TUBING			OTHER	
LURRY WEIGH	-tT	SLURRY VOL		WATER gal/s	sk	CEMENT LEFT in	CASING_22"	Play
ISPLACEMENT	T_3.67BBL	DISPLACEMENT	PSI	MIX PSI		RATE 4 BP	<u>m</u>	· d
EMARKS:	told cre	w safe:	to meet	NG. E.	stablich	Dung rati	Mixtfun	10 1007
	Flush. M	Mix & Pera	10. 82	BKS	OWC Cem	ent w/ 1/4#	FloSeal/	5/4.
Cenie	nt to s	urface.	Flush			clean. [		
Rubb	er plug	to ras	MG JD	Ple	essure to	800 € P:	5/2 Ho/0	[.+
						alease p		40
	I flood 1	Value.						n.
,				* al.				
Kec 1	Rep! Tour	lor Horr	nan			.1		
7	TO DOG	11mg	1			Ful M	ade	
		0			9 8	, , , , , , , , , , , , , , , , , , , ,		
ACCOUNT CODE	QUANITY	or UNITS	DES	CRIPTION o	of SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
5401			PUMP CHARGE	<u> </u>		495		1085
5406			MILEAGE					NIC
5402	4	32	Casing	Footog	10			NIC
5-407	1/2 M S 3	nora	Ton	Miles		548	e.	.1840
5502C	0	2 hrs	80 BR	L Vac	Truck	675		18000
					,			
1106		825Kr	owc	( e mo	u F			16195
11183		100 #	0	in a				2200
					-ex			0000
1107	1	21 -	Flo S 2'%" K		. 01			<u>جع ای </u>
4402	-		×/2 /0	Zubber	7109			295
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							<del>VIII DI GIGU</del>	.,\
No.	Y		,			7.65%		
		· · ·	1					
vin 3737						1.600	SALES TAX ESTIMATED	
vln 3737						1.6.6	ESTIMATED TOTAL	131 s

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.