



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1204701
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: _____

1204701

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 <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:				

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Operator License # 31295
 Operator Prairie Oil, LLC
 Address 108 Broadmoor Drive
 City Louisburg, KS 66053
 Contractor JTC Oil, Inc.
 Contractor License # 32834
 T.D. 800
 T.D. of pipe 724
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Production

API # 15-121-29724-00-00
 Lease Name LW
 Well # P-1
 Spud Date 11/27/2013
 Cement Date 12/4/2013
 Location Sec 4 T 18 R 22
 825 feet from N line
 2145 feet from E line
 County Miami

Driller's Log

Thickness	Strata	From	To	
2	Soil	0	2	
40	Clay	2	42	
14	Lime	42	56	
11	Shale	56	67	
28	Lime	67	95	
8	Black Shale	95	103	
22	Lime	103	125	
5	Coal	125	130	
12	Lime	130	142	
138	Shale	142	280	
4	Red Bed	280	284	
21	Shale	284	305	
8	Lime	305	313	
55	Shale	313	368	
7	Lime	368	375	
13	Shale	375	388	
2	Lime	388	390	
22	Black Shale	390	412	
6	Lime	412	418	
21	Shale	418	439	
3	Lime	439	442	
7	Coal	442	449	
7	Lime	449	456	
2	Coal	456	458	
42	Shale	458	500	
26	Black Shale	500	526	
4	Sandy	526	530	Little Oil
41	Shale	530	571	
4	Oil Sand	571	575	OK
7	Oil Sand	575	582	Good
8	Oil Sand	582	590	V-Good
1	Oil Sand	590	591	Good
43	Black Shale	591	634	
42	Shale	634	676	

6
118

Oil Sand
Shale

676
682

682
800

Very Gassy



CONSOLIDATED
Oil Well Services, LLC

264547

TICKET NUMBER 44913
LOCATION Ottawa KS
FOREMAN Fred Madu

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	Wilson # LWP-1	NE 4	18	22	MI
CUSTOMER JTC Oil Inc			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 35688 Plum Creek Rd			712	Fred Madu		
CITY Osawatomie			495	Nar Bec		
STATE KS			369	Jas Ric		
ZIP CODE 66064			558	Max Coc		

JOB TYPE long string HOLE SIZE 6 7/8 HOLE DEPTH 828 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 724 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 635 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4:2 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix Pump 200#
 Gel flush. Mix + Pump 130 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
 Check Plug depth w/ wire line. Casing 90' shallower than expected.
 Phone - Tom Cairn.

JTC Drilling

Fred Madu

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1065.00
5406	10 mi	MILEAGE	495	4950.00
5402	635 724'	Casing footage		N/C
5407	Minimum	Ton Miles	555	368.00
5502C	1 hr	80 BBL Vac Truck	369	135.00
1126	130 SKS	OWC Cement		2567.50
1188	200#	Premium Cu		44.00
1107	33#	Flo Seal		61.51
4402	1	2 1/2" Rubber Plug		29.50
			7.65%	SALES TAX 208.28
				ESTIMATED TOTAL 4560.79

completed

Ravin 3737

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.