

Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1207835

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:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
G G GSW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
	If yes, show depth set: Feet
If Workover/Re-entry: Old Well Info as follows:	If Alternate II completion, cement circulated from:
Operator:	
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)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	
□ GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec Twp S. R East West
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 Approved by: Date:

	Page Two	1207835
Operator Name:	Lease Name:	Well #:
Sec TwpS. R □ East □ West	County:	
INCTRUCTIONS. Chow important tang of formations panatrated	Datail all cores Report all	final conject of drill stome taste giving interval tasted, time tool

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 (Attach Additional Sho	eets)	Yes No		-	on (Top), Depth ar		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	6		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-c	RECORD Ne		ion, 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 / SQU	EEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and F	Percent Additives	

Perforate Protect Casing Plug Back TD Plug Off Zone	Top Bottom				
Did you perform a hydraulic	fracturing treatment	on this well?	Yes	No	(If No, skip questions 2 and 3)

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

(If No, skip questions 2 and 3) (If No, skip question 3)

No

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					e	Ad	Depth		
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner Ru	n:	No	
Date of First, Resumed	Producti	on, SWD or ENHF	} .	Producing N		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bbl	S.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF G	AS:			METHOD (OF COMPLE	TION:		PRODUCTION INT	ERVAL:
Vented Solo (If vented, Su		Jsed on Lease 1-18.)		Dpen Hole Dther <i>(Specify)</i>	Perf.	Dually (Submit)	ACO-5)	Commingled (Submit ACO-4)		

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

	Operator License #	32834		
	Operator	JTC Oil, Inc.		
	Address	PO Box 24386		
	City	Stanley, KS 66283		
	Contractor	JTC Oil, Inc.		
	Contractor License #	32834		ł
	T.D.	620		
	T.D. of pipe	605		
	Surface pipe size	7"		
	Surface pipe depth	20'		- }
	Well Type	Production		
	Driller's	Log		
Thickness	Strata	From	То	
30	dirt/clay	0	30	
18	lime	30	48	
10	shale	48	58	
30	lime	58	88	
4	shale	88	92	
18	lime	92	110	
5	shale	110	115	
19	lime	115	134	
161	shale	134	295	
17	lime	295	312	
44	shale	312	356	
7	lime	356	363	
12	shale	363	375	
7	lime	375	382	
18	shale	382	400	
7	lime	400	407	
20	shale	407	427	
3	lime	427	430	
8	shale	430	438	
8	lime	438	446	
72	shale	446	518	
5	sand	518	523	ŧ
35	shale	523	558	
2	sand	558	560	
2	good	560	562	
2	good	562	564	
2	good	564	566	
2	good	566	568	
2	good	568	570	
2	ok	570	572	
1	end	572	573	
47	shale	573	620	

API # Lease Nam Well #	ie	15-121-302 Wilson A P-25	76-00-0	0
Spud Date Cement Da Location		5/1/2014 5/6/2014 Sec 4 feet from	T 18 N	R 22 line
County	825	feet from Miami	E	line

tiny oil

ok

C	NSOLIDA	TED	$\gamma_{i} =$					112			
	Welt Service		061	1994		LOCATION_					
						FOREMAN Casey Keunedy					
O Jox 884, Cha	nute, KS 6672	10	D TICKE			PORT	/	/			
20-431-9210 or			NAME & NUM			TOWNSHIP	RANGE	COUNTY			
DATE	CUSTOMER #				NE4						
5/10/14	4015	Wilson	# P - 25		NE 4	18	22	MI			
USTOMER	.)7	c oil l	uc		TRUCK #	DRIVER	TRUCK #	DRIVER			
AILING ADDRES					729	Casken	V Saldy	Heeting			
356	88 Oil	luc.			666	GarMoo	~				
		STATE	ZIP CODE	1	558	Matloc	~				
Osawat	aurio	KS	66064	1	675	KeiDet	~				
DB TYPE /our		HOLE SIZE		_ HOLE DEPT	H 620'	CASING SIZE &	WEIGHT 278	"EUE			
ASING DEPTH_		DRILL PIPE					OTHER				
LURRY WEIGHT		SLURRY VOL		WATER gal/	sk	CEMENT LEFT in	n CASING				
		DISPLACEMEN				RATE 460	4				
EMARKS: Le		maetim		hed circ	vation.	mixed to	unged 2	00 # Arelin			
el follow	11	the train			d + puc			cement			
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ACCOUNT	QUANITY	or UNITS	D	ESCRIPTION	of SERVICES or	PRODUCT	UNIT PRICE	TOTAL			
5401	1		PUMP CHAR	GE				1085.00			
5406	on la	936	MILEAGE								
5402	602		casing	Actaqu	2						
5407A	99.13	8	Yen a	ileage ac				139.78			
5502C	The	_	80 U	ac				100.00			
53020											
1126	79 st	\$	OWC	reman	t		1520.75				
1/18B	200 #		Prote	yun Gel)		44,00				
			FI no	Jun ver			46.93				
1107	19#		Flosed		·	der: De	11011 108	<u> </u>			
			+		m	subtotal	1611,68 483.50				
	¢					Citital	- 10.00	1128.18			
504002			1. "	0 1/ 10 0	/	SUBTONE		1128.18			
4402	<u> </u>		ara_	cubber p	ug			Q1.00			
							mneren-				
							3091.5	, <u> </u>			
			+				SALES TAX	88.57			
avin 3737							ESTIMATED	2571.03			
april 57.57							TOTAL	1017140			