



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1205248
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: _____

1205248

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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. 880
 T.D. of pipe 856
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Injection

API # 15-001-30812-00-00
 Lease Name Kendall-Dice
 Well # I-17

Spud Date 3/12/2014
 Cement Date

Location Sec 22 T 26 R 18
 330 feet from S line
 1650 feet from W line
 County Allen

Driller's Log

Thickness	Strata	From	To
6	dirt	0	6
29	lime	6	35
21	shale	35	56
12	lime	56	68
50	shale	68	118
3	lime	118	121
4	shale	121	125
64	lime	125	189
6	shale	189	195
10	lime	195	205
5	shale	205	210
10	lime	210	220
4	shale	220	224
26	lime	224	250
4	shale	250	254
20	lime	254	274
143	shale	274	417
3	lime	417	420
4	shale	420	424
4	lime	424	428
8	shale	428	436
10	lime	436	446
11	shale	446	457
1	top sand	457	458
2	sand	458	460
2	ok	460	462
10	sandy shale	462	472
72	shale	472	544
2	lime	544	546
2	shale	546	548
14	lime	548	562
39	shale	562	601
16	lime oil	601	617
6	shale	617	623

ok
 v-good

5	lime	623	628	
150	shale	628	778	
2	good	778	780	
2	good	780	782	
2	ok	782	784	
2	ok	784	786	
17		786	803	
7	sand	803	810	no oil
70	shale	810	880	



CONSOLIDATED
Oil Well Services, LLC

267106

TICKET NUMBER 42796

LOCATION Ottawa KS

FOREMAN Fred Mader

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
4-2-14	7752	Kendall Dice # J-17	Sec 22	18	26	AL

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
SC2 Resources LLC	712	Fred Mader		
	495	Har Ber		
	675	Kai Det		
	510	Set Tuc		

MAILING ADDRESS	CITY	STATE	ZIP CODE
8614 Cedarspur Dr	Houston	Tx	77055

JOB TYPE Log string HOLE SIZE 5 7/8 HOLE DEPTH 860 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 858 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4.97 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold safety mixture. Establish pump rate. Mix & Pump 100* Gel Flush. Mix & Pump 123 gals 50/50 Por Mix Cement 270 Gel Cement to surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 800* PSI. Hold & Monitor pressure for 30 MIN MIT. Release pressure to set float valves. Shut in casing.

JTC Drilling.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1065.00
5406	-	MILEAGE		NIC
5402	856	Casing footage		NIC
5407A	343.78	Ton Miles	503	484.23
5502C	2	80 BBL Vac Truck	675	200.00
1124	123514	50/50 Por Mix Cement	1414.50	1744.50
1118B	307	Premium Gel Material	67.51	
		Less 30%	- 444.61	
		Total Material		1037.93
440Z	1	2 1/2" Rubber plug		29.50
			3393.12	
		7.4%	SALES TAX	78.95
			ESTIMATED TOTAL	2915.61

Form 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