



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1217551
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: _____

1217551

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. 620
 T.D. of pipe 590
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Injection

API # 15-121-30278-00-00
 Lease Name Wilson A
 Well # I-13

Spud Date 4/24/2014
 Cement Date 5/12/2014
 Location Sec 4 T 18 R 22
 990 feet from N line
 990 feet from E line
 County

Driller's Log

Thickness	Strata	From	To
2	soil	0	2
29	clay	2	31
13	lime	31	44
11	shale	44	55
28	lime	55	83
7	black shale	83	90
20	lime	90	110
5	coal	110	115
13	lime	115	128
167	shale	128	295
13	lime	295	308
49	shale	308	357
6	lime	357	363
13	shale	363	376
3	lime	376	379
18	black shale	379	397
5	lime	397	402
22	shale	402	424
4	lime	424	428
8	black shale	428	436
7	lime	436	443
42	shale	443	485
26	black shale	485	511
4	sandy	511	515
27	shale	515	542
1	lime	542	543
10	shale	543	553
5	oil sand	553	558
5	oil sand	558	563
5	oil sand	563	568
37	black shale	568	605
15	shale	605	620

good
 v-good
 v-good



CONSOLIDATED
Oil Well Services, LLC

268095

TICKET NUMBER 47195

LOCATION Oxhawa 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
5-12-14	4015	Wilson "H" # I-13	NE 4	L8	22	M1

CUSTOMER
JTC Oil Inc

MAILING ADDRESS
35688 Plug Creek Rd

CITY Oswatomie STATE KS ZIP CODE 66064

TRUCK #	DRIVER	TRUCK #	DRIVER
412	Fred Mad		
495	Max Bac		
1075	Kei Dett		
548	Max Coc		

JOB TYPE Long string HOLE SIZE 6 HOLE DEPTH 620 CASING SIZE & WEIGHT 2 7/8 EUE

CASING DEPTH 5900 DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug

DISPLACEMENT 3.42 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 40 BPM

REMARKS: Hold crew safety meeting. Establish circulation. Mix + Pump 100# Gel Flush. Mix + Pump 5 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. Hold + Monitor pressure for 30 min MIT. 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		NIC ✓
5402	570	Casing footage		NIC ✓
5407A	91	Ten Miles	548	128 ³¹ ✓
5502C	1 1/2 hrs	80 BBL vac truck	675	150 ⁰⁰ ✓
1126	70 SKS	OWC Cement	138250	✓
1115B	100#	Premium Gel	22 ⁰⁰	✓
1107	18#	Flo Seal	4446	✓
		Material	1448 ²⁶	
		Less 30%	-434 ⁶²	
		Total		1014 ²³
4402	1	2 1/2" Rubber Plug		29 ⁵⁰ ✓
			2954.87	
		6.75%	SALES TAX	79 ⁸⁵ ✓
			ESTIMATED TOTAL	2486 ⁹³ ✓

completed

OK'd J. Green

AUTHORIZATION No. Co. Rep on Site 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.