

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1217560

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:			Sec.	Twp S. R	_
Address 2:			F6	eet from	outh Line of Section
City: S	State: Z	ip:+	Fe	eet from East / We	est Line of Section
Contact Person:			Footages Calculated from	Nearest Outside Section Corr	ner:
Phone: ()			□ NE □ NW	V □SE □SW	
CONTRACTOR: License #			GPS Location: Lat:	, Long:	
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84	
Purchaser:					
Designate Type of Completion:			Lease Name:	Well	#:
New Well Re	e-Entry	Workover	Field Name:		
	SWD	SIOW	Producing Formation:		
Gas D&A		☐ SIGW	Elevation: Ground:	Kelly Bushing:	
☐ OG	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total Dep	th:
CM (Coal Bed Methane)			Amount of Surface Pipe Se	et and Cemented at:	Feet
Cathodic Other (Co	re, Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes N	o
If Workover/Re-entry: Old Well In	nfo as follows:		If yes, show depth set:		Feet
Operator:			If Alternate II completion, c	cement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:	Original T	otal Depth:			
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Managemer	nt Plan	
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from to	he Reserve Pit)	
Commission of a d	De wasit #		Chloride content:	ppm Fluid volume:	bbls
CommingledDual Completion			Dewatering method used:_		
SWD			Location of fluid disposal if	hauled offsite	
☐ ENHR			Location of haid disposal in	nadica officia.	
GSW	Permit #:		Operator Name:		
_				License #:	
Spud Date or Date Re	eached TD	Completion Date or	QuarterSec	TwpS. 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 III Approved by: Date:						

Page Two



Operator Name:				Lease N	Name: _			_ Well #:		
Sec Twp	S. R	East	West	County	:					
	ow important tops of fo ing and shut-in pressu o surface test, along wi	res, whe	ther shut-in pre	ssure reacl	hed stati	c level, hydrosta	tic pressures, bo			
Final Radioactivity Logilles must be submitted						gs must be ema	iled to kcc-well-lo	ogs@kcc.ks.go	v. Digital	electronic log
Drill Stem Tests Taken (Attach Additional S		Ye	es No			3	on (Top), Depth a			Sample
Samples Sent to Geol	ogical Survey	Ye	es 🗌 No		Nam	9		Тор	L	Datum
Cores Taken Electric Log Run		☐ Y€								
List All E. Logs Run:										
			CASING	RECORD	│ Ne	w Used				
		Repo				rmediate, producti	on, etc.			
Purpose of String	Size Hole Drilled		e Casing : (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used		and Percent dditives
									<u> </u>	
Purpose	Depth					EEZE RECORD				
Purpose: Perforate	Top Bottom	Туре	Type of Cement # Sacks Used			Type and Percent Additives				
Protect Casing Plug Back TD										
Plug Off Zone										
Did you perform a hydrau	ilic fracturing treatment or	n this well?	·			Yes	No (If No, sk	ip questions 2 ar	nd 3)	
	otal base fluid of the hydra		•		•			ip question 3)		
Was the hydraulic fractur	ing treatment information	submitted	to the chemical of	disclosure reg	gistry?	Yes	No (If No, file	out Page Three	of the ACC)-1)
Shots Per Foot			ID - Bridge Plug Each Interval Perl				cture, Shot, Cemen		d	Depth
TUBING RECORD:	Size:	Set At:		Packer At	t:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or ENH	R.	Producing Meth Flowing	nod:	g 🗌	Gas Lift C	other (Explain)			
Estimated Production Per 24 Hours	Oil Bl	bls.	Gas	Mcf	Wate	er Bl	ols.	Gas-Oil Ratio		Gravity
DIODOCITIO	ON OF CAS:			AETLIOD OF	COMPLE	TION		BDODUOTIO	או ואודכטי	
Vented Sold	ON OF GAS: Used on Lease		Dpen Hole	METHOD OF Perf.	Dually	Comp. Con	nmingled	PRODUCTIO	YN INTEK	/AL.
(If vented, Sub			Other (Specify)		(Submit A	ACO-5) (Subi	mit ACO-4)			

	operator Election	3203 1		PALL III		13 121 3020	JI 00 0	o .
	Operator	JTC Oil, Inc.		Lease Name		Wilson A		
	Address	PO Box 24386		Well #		I-15		
	City	Stanley, KS 66283						
	Contractor	JTC Oil, Inc.		Spud Date		5/6/2014		a .
	Contractor License #	32834		Cement Date	e	5/12/2014		
	T.D.	620		Location		Sec 4	T 18	R 22
	T.D. of pipe	606		3	330	feet from	N	line
	Surface pipe size	7"		g	990	feet from	E	line
	Surface pipe depth	20'		County		Miami		
	Well Type	Injection						
	Driller's	Log						
Thickness	Strata	From	To					
25	dirt/clay	0	25					
8	shale	25	33					
13	lime	33	46					
11	shale	46	57					
30	lime	57	87					
6	shale	87	93					
17	lime	93	110					
4	shale	110	114					
14	lime	114	128					
3	shale	128	131					
2	lime	131	133					
160	shale	133	293					
15	lime	293	308					
45	shale	308	353					
10	lime	353	363					
10	shale	363	373					
4	lime	373	377					
18	shale	377	395					
5	lime	395	400					
23	shale	400	423					
7	lime mix	423	430					
4	shale	430	434					
6	lime	434	440					
113	shale	440	553					
2	top	553	555					
3	good	555	558					
2	good	558	560					
2	good	560	562					
2	good	562	564					
2	good	564	566					
1	ok	566	567					
53	shale	567	620					
	2.1010	50,						

API#

15-121-30281-00-00

Operator License #

32834



268092

TICKET NUMBER LOCATION__/ FOREMAN

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

FIELD TICKET & TREATMENT REPORT CEMENT

CUSTOMER O: Wilson II III WE 4 18 22 M: CUSTOMER O: TRUCK# DRIVER TRUCK# DRIVER 376 88 Plum Creex CITY USauntonie Ist E Wilcold Job Prill Pipe CASING DEPTH LOD DRILL PIPE SLURRY WEIGHT SCHEMTLEFT IN CASING SIZE A WEIGHT STAR CEMENT LEFT IN CASING SIZE A WEIGHT STAR CEMENT LEFT IN CASING SIZE A WEIGHT STAR CEMENT LEFT IN CASING THE COST OF CASING THE COST OF CASING THE COST OF CASING THE COST OF CASING TRUCK# TRUCK# JOR STAR TRUCK# DRIVET JOR STAR TRUCK# JOR	DATE	CUSTOMER#	WELI	L NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
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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.