

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1220411

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.	TwpS. R	East _ West
Address 2:			F6	eet from North /	South Line of Section
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section
Contact Person:			Footages Calculated from	Nearest Outside Section C	Corner:
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:			County:		
Designate Type of Completion:			Lease Name:	W	ell #:
	e-Entry	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground:	Kelly Bushing:	
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total D	epth:
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet
☐ Cathodic ☐ Other (Co	ore. Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No
If Workover/Re-entry: Old Well I			If yes, show depth set:		
Operator:			If Alternate II completion, c	cement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:					
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Plan	
Plug Back	Conv. to G		(Data must be collected from to		
Commingled	Permit #		Chloride content:	ppm Fluid volume	: bbls
Dual Completion			Dewatering method used:_		
SWD			Location of fluid disposal if	hauled offsite:	
ENHR	Permit #:				
GSW	Permit #:		Operator Name:		
			Lease Name:		
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	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 Approved by: Date:					

Page Two



Operator Name:			L	ease Name: _			Well #:	
Sec Twp	S. R	East We	est C	County:				
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres	sures, whether sh	ut-in pressur	e reached stati	c level, hydrosta	tic pressures, bott		rval tested, time tool erature, fluid recovery,
Final Radioactivity Lo files must be submitted					ogs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taker (Attach Additional		Yes	No	L	_	on (Top), Depth an		Sample
Samples Sent to Geo	logical Survey	Yes	No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		Yes Yes	No No					
List All E. Logs Run:								
		(CASING REC	ORD Ne	ew Used			
		· ·		ıctor, surface, inte	ermediate, producti	1		I
Purpose of String	Size Hole Drilled	Size Casin Set (In O.D		Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
		ADD	ITIONAL CEN	MENTING / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cem	ent #	Sacks Used		Type and P	ercent Additives	
Perforate Protect Casing	100 20111111							
Plug Back TD Plug Off Zone								
1 lag on zono								
Did you perform a hydrau	ulic fracturing treatment	on this well?			Yes	No (If No, ski	o questions 2 ar	nd 3)
Does the volume of the to		•				_ ` ` '	p question 3)	
Was the hydraulic fractur	ing treatment information	on submitted to the c	hemical disclo	sure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)
Shots Per Foot		ION RECORD - Bri Footage of Each Int				cture, Shot, Cement		d Depth
	, ,				,		,	·
TUBING RECORD:	Size:	Set At:	Pa	acker At:	Liner Run:			
						Yes No		
Date of First, Resumed	Production, SWD or Ef		cing Method: owing	Pumping	Gas Lift C	other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. G	as Mcf	Wate	er Bi	ols. G	as-Oil Ratio	Gravity
DIODOCITI	ON OF CAS:		N 4 - T - 1		TION:		PROPUSTIC	ON INTERVAL.
Vented Solo	ON OF GAS: Used on Lease	Open Ho		IOD OF COMPLE \Box		nmingled	PRODUCTION	ON INTERVAL:
	bmit ACO-18.)	Other (S	necify)	(Submit		mit ACO-4)		

		Operator License #	32834		API#		15-121-298	17-00-00)
		Operator	JTC Oil, Inc.		Lease Nam	e	Petit		
		Address	PO Box 24386		Well#		I-1		
		City	Stanley, KS 66283						
		Contractor	JTC Oil, Inc.		Spud Date		1/24/2014		
		Contractor License #	32834		Cement Da	te	2/3/2014		
		T.D.	660		Location		Sec 33	T 17	R 22
		T.D. of pipe	651			330	feet from	S	line
		Surface pipe size	7"			330	feet from	E	line
		Surface pipe depth	20'		County		Miami		
		Well Type	Injection						
		Driller's	Log	og e					
TI	hickness	Strata	From	То					
	2	soil	0	2					
	7	clay	2	9					
	53	shale	9	62					
	14	lime	62	76					
	10	shale	76	86					
	26	lime	86	112					
	9	black shale	112	121					
	20	lime	121	141					
	4	coal	141	145					
	13	lime	145	158					
	170	shale	158	328					
	13	lime	328	341					
	50	shale	341	391					
	8	lime	391	399					
	11	shale	399	410					
	4	lime	410	414					
	20	black shale	414	434					
	16	lime	434	450					
	25	shale	450	475					
	5	lime	475	480					
	47	shale	480	527					
	19	black shale	527	546					
	3	sandy	546	549					
	46	shale	549	595					
	3	oil sand	595	598	ok				
	3	oil sand	598	601	broken				
	3	sandy	601	604					
	30	black shale	604	634					
	26	shale	634	660					



265835

LOCATION OHAWA KS

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

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	L. WELL	NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
2/3/14	4015	Petit #	- I-1		SE 33	17	22	141
CUSTOMER	07 luc		*			1 27 5 2 1		
MAILING ADDRE				-	TRUCK#	DRIVER	TRUCK#	DRIVER
	28 Pluma	cook		2 2	729	Casken	Vately	leeting
CITY	, 6 1 1001	STATE	ZIP CODE	a a	666	GarMoo	/	
Osawat	ارم. د	KS	66064		558	MatCoc	V	
JOB TYPE OL		HOLE SIZE	1 11	llot E DEDE	369	Der Mas	07/	1
	11-11		1 4	HOLE DEPTH	1_660'	CASING SIZE & V	-	8 COE
					T.		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
					1 1/1			115
Cal III	ca salvay	maes	, establis	shed circ	vation, m	ixad & pu		_
	wed of		- Water,	mixed.	Tompro	83 NCS		
	- 1		W Yes	Surface	+wiled p	ump dear		d 21/2
· · · · · · · · · · · · · · · · ·				- PPIS TA	esh water	- pressured		FIL
well held	- DIESPOR	for so A	un MI	, release	ed pressure	- Stutin	casing.	 -
							1	
		· · · · · · · · · · · · · · · · · · ·					/ 	
			- :				1	
				***************************************			_//	<i></i>
ACCOUNT	01(4)1170/	i i kumo						
CODE	QUANITY	or UNITS	DES	SCRIPTION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
5401	1	*,	PUMP CHARGI	<u> </u>	er er			1085,00
5406	on le	ase	MILEAGE					V
5402	651'	3	casing	foutage	2			V
5907	1/2 mi	inimum						184.00
Ssax	1 h	_				51		9000
rag S								
1126	23	sks	ow cen	ulut				1639 25
	200	#_		- 1	285			
	2.		-	- 0				
	1		D'Chal	la- du	2 2			
1102			0/2 18	seer poo) ————		<u> </u>	27.50 V
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8.2	1.	į.				- [4/] - 		
* **						·	VIIIPIVIV	
				i			CALFORN	135 -3
Ravin 3737			3					(20.00_
CASING DEPTH (BS) BILL PIPE TUBING OTHER SLURRY WEIGHT SLURRY VOL WATER GAILSK CEMENT LEFT IN CASING DISPLACEMENT 3.77 Hols DISPLACEMENT PSI MXPSI RATE # born REMARKS. Held Safar machina, established circulation mixed & purped 200 # Demining Cel tellowed by 10 bbls from water, mixed & purped 33 stc Oty cement wy Left Florest per Sk cement & Surface, flushed purped 123 stc Oty cement wy Left Florest per Sk cement & Surface, flushed purped 124 & COD PSI, Luther of the carry Tow 3.77 hols head maker pressured to COD PSI, Luther of the carry flores with carry CODE QUANITY or UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL STO1 PUMP CHARGE STO2 (AST' CASTAGE Footage STO7 Deminimum for millage (184,00) SSOX I hr SC OLC LIDCE 83 sks O'VC cement HOF 21 # Fremium Cel ST.87 4402 I D'/2 "rehter pluy 27,50"								
AUTHORIZTION				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