



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1222528
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: _____

1222528

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Operator License # 32834
 Operator JTC Oil, Inc.
 Address 35790 Plum Creek Road
 City Osawatomie, KS 66064
 Contractor JTC Oil, Inc.
 Contractor License # 32834
 T.D. 560
 T.D. of pipe 536
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Production

API # 15-121-30493-00-00
 Lease Name Hahn
 Well # BSP-HN10
 Spud Date 7/15/2014
 Cement Date 7/24/2014
 Location Sec 23 T 18 R 21
 1485 feet from N line
 2145 feet from W line
 County Miami

Driller's Log

Thickness	Strata	From	To	
2	soil	0	2	
12	clay	2	14	
12	shale	14	26	
3	lime	26	29	
43	shale	29	72	
14	lime	72	86	
10	shale	86	96	
29	lime	96	125	
8	black shale	125	133	
21	lime	133	154	
6	coal	154	160	
10	lime	160	170	
145	shale	170	315	
25	lime/shale	315	340	
14	lime	340	354	
4	shale	354	358	
11	sand	358	369	little ok
30	shale	369	399	
8	lime	399	407	
9	shale	407	416	
4	lime	416	420	
13	black shale	420	433	
11	lime	433	444	
16	shale	444	460	
3	lime	460	463	
2	coal	463	465	
5	lime	465	470	
6	shale	470	476	
2	oil sand	476	478	good
2	oil sand	478	480	good
2	oil sand	480	482	v-good
2	oil sand	482	484	v-good
1	oil sand	484	485	broken
57	shale	485	542	

6	sandy shale	542	548
12	black shale	548	560



CONSOLIDATED
Oil Well Services, LLC

269953

TICKET NUMBER 47506

LOCATION Chanute, KS

FOREMAN Casen Kennedy

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
7/24/14	4015	Hahn # BSP-HN10	SE 23	18	21	MI

CUSTOMER
JTC Oil Inc.

MAILING ADDRESS
35688 Plum Creek

CITY
Oswatimie

STATE
KS

ZIP CODE
66064

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Casken	✓	Soltes, Madrig
1010	Keilar	✓	
503	Trotter	✓	
370	MatCoc	✓	

JOB TYPE longstring HOLE SIZE 6" HOLE DEPTH 5100' CASING SIZE & WEIGHT 2 3/4" EUE

CASING DEPTH 536' DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____

DISPLACEMENT 3.10 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 spm

REMARKS: held safety meeting, established circulation mixed & pumped 200# Premium Gel followed by 10 bbls fresh water, mixed & pumped 70 sks OWC cement w/ 1/4 # Flacal per sk, cement to surface flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 3.10 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

(Handwritten signature)

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00 ✓
5406	on lease	MILEAGE		✓
5402	536'	casing footage		✓
5407	minivan	van mileage		✓
5502C	1 hr	80 Vac		100.00 ✓
1126	70 sks	OWC cement	1382.50	✓
1118B	200 #	Premium Gel	44.00	✓
1107	18 #	Flacal	44.46	✓
		materials	1470.96	
		-30%	441.29	✓
		Subtotal		1029.67
4402	1	2 1/2" rubber plug		29.50 ✓
			2800.25	
		SALES TAX		81.03 ✓
		ESTIMATED TOTAL		2325.20 ✓

RAVIN 3737

AUTHORIZATION No Co Rep 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.