



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1223340
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: _____

1223340

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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DRILL LOG

Operator License# _____

API 15-059-26120-00-00

Operator _____

Lease Name Coons

Address _____

Well # W 29

Contractor JTC Oil, Inc.

Spud Date 8/1/12 Cement 8/8/12

Contractor License __32834

Location _____ of _____

T.D 777 ½ T.D. of Pipe 753 ½

_____ feet from _____

Surf. Pipe Size_7 Depth 20 ft.

_____ feet from _____

Kind of Well _____

County Franklin

Thickness	Strata	From	To	Thickness	Strata	From	To
2	soil	0	2	3	shale	291	294
8	clay	2	10	10	lime	294	304
23	shale	10	33	41	shale	304	345
1	lime	33	34	2	lime	345	347
16	shale	34	50	15	shale	347	362
30	lime	50	80	8	lime	362	370
6	black shale	80	86	3	shale	370	373
9	lime	86	95	15	lime	373	388
6	shale	95	101	6	shale	388	392
21	lime	101	122	22	lime	392	414
34	shale	122	156	8	shale	414	422

COONS W-29

21	lime	156	177	4	lime	422	426
76	shale	177	253	4	shale	426	430
27	lime	253	280				
5	shale	280	285				
6	lime	285	291				
				12	lime	430	442
				110	shale	442	552
				2	lime	552	554
				41	shale	554	595
				2	lime	595	597
				9	shale	597	606
				2	lime	606	608
				3	shale	608	611
				3	lime	611	615
				15	shale	615	630
				3	lime	630	633
				4	shale	633	637
				4	lime	637	641
				4	black shale	641	645
				4	lime	645	649
				11	shale	649	660
				5	lime	660	665

COONS W-29

4	black shale	665	669
11	lime	669	680
1	shale	680	681
4	lime	681	685
18	shale	685	703
5	lime	703	708
3	sand oil little	703	710
2	good	710	712
2	little	712	714
2	v good	714	716
2	v good	716	718
2	v good	718	720
2	v good	720	722
2	v good	722	724
2	v good	724	726
2	good	726	728
2	little	728	730
2	shale	730	732
28	lime	732	760
1	lime	760	761
1	shale	761	762 end



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 37557
LOCATION Ottawa KS
FOREMAN Fred Maden

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
8/8/12	41015	Coong #W29	NW 32	15	21	FR
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
JOB TYPE			DRIVER			

JTC Oil Inc
35688 Plum Creek Rd
Oswatimie KS 66064

TRUCK # 506 DRIVER Fromad TRUCK # Safety MIX
495 DRIVER Nat Bac TRUCK # HB
370 DRIVER Kai Car TRUCK # KC
548 DRIVER MikHaa TRUCK # MB

JOB TYPE long string HOLE SIZE 6 HOLE DEPTH 760' CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 753' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
DISPLACEMENT 4.38 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish circulation. Mix + Pump 100# Gel Flush. Mix + Pump
111 sks 50/50 for Mix Cement 2% Gel 5% Salt. 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. (Hold pressure). Release
pressure to set float valve. Shut in Casing.

JTC Drilly

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	6030 ⁰⁰
5406	-	MILEAGE		N/C
5402	753	Casing footage		N/C
5407	1/2 minimum	Ten Miles		175 ⁰⁰
5502C	1 1/2 hr	80 BBL Vac Truck		135 ⁰⁰
1124	111 SKS	50/50 Poz Mix Cement		1215 ⁴⁵
1118B	287#	Premium Gel		60 ²⁷
1111	215#	Granulated Salt		79 ⁵⁵
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.8%	SALES TAX 107 ⁸⁹
				ESTIMATED TOTAL 2831 ¹⁶

Revin 3737

AUTHORIZATION Bru Baden 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

251907