



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1227529  
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: \_\_\_\_\_

1227529

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  Yes  No  
(Attach Additional Sheets)  
Samples Sent to Geological Survey  Yes  No  
Cores Taken  Yes  No  
Electric Log Run  Yes  No

Log Formation (Top), Depth and Datum  Sample  
Name Top Datum

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 (Amount and Kind of Material Used)	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:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	_____ _____



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. 740  
 T.D. of pipe 730  
 Surface pipe size 7"  
 Surface pipe depth 20'  
 Well Type Injection

API # 15-121-30437-00-00  
 Lease Name Cooper  
 Well # I-15  
 Spud Date 7/17/2014  
 Cement Date 7/21/2014  
 Location Sec 9 T 17 R 22  
 990 feet from S line  
 330 feet from E line  
 County Miami

Driller's Log

Thickness	Strata	From	To
5	dirt	0	5
7	lime	5	12
92	shale	12	104
19	lime	104	123
15	shale	123	138
3	lime	138	141
10	shale	141	151
2	lime	151	153
47	shale	153	200
14	lime	200	214
10	shale	214	224
28	lime	224	252
3	shale	252	255
25	lime	255	280
4	shale	280	284
11	lime	284	295
136	shale	295	431
6	red shale	431	437
19	sand mix	437	456
6	mix	456	462
8	lime	462	470
3	mix	470	473
48	shale	473	521
4	lime	521	525
5	shale mix	525	530
13	shale	530	543
5	lime	543	548
13	shale	548	561
7	lime	561	568
14	shale mix	568	582
8	lime mix	582	590
24	shale	590	614
18	laminated sand	614	632
27	good bleed	632	659

ok

6	v-good bleed	659	665	
13	ok	665	678	
18	laminated	678	696	ok
44	shale	696	740	



**CONSOLIDATED**  
Oil Well Services, LLC

269819

TICKET NUMBER 47468  
LOCATION Ottawa  
FOREMAN Alan Mader

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
7-27-14	4015	Cooper T-15	SE 9	17	22	Mi

CUSTOMER JTC Oil		
MAILING ADDRESS 35688 Plum Creek		
CITY Osgawatomie	STATE KS	ZIP CODE 66064

TRUCK #	DRIVER	TRUCK #	DRIVER
730	Ala Mad	Safety	Meat
368	Ar Mad		
370	Mat Coc		
510	Dus Web		

JOB TYPE <u>long string</u>	HOLE SIZE <u>6</u>	HOLE DEPTH <u>740</u>	CASING SIZE & WEIGHT <u>2 7/8</u>
CASING DEPTH <u>730</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>yes</u>
DISPLACEMENT <u>4.24</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>4 bpm</u>

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 86 sk OWC plus 1/4 RS per sack. Circulated cement. Flushed pump, pumped plus to casing TD. Well held 800 PSI for 30 minute MIT. Set Meat. Closed valve.

JTC

*Alan Mader*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5421	1	PUMP CHARGE	368	1085 ✓
5406	25	MILEAGE	368	10500 ✓
5402	730'	casing footage	368	— ✓
5407	Varin	ten miles	510	18700 ✓
5502L	1 1/2	80 vac	370	15000 ✓
1126	86	owc	1698.50	✓
1180	100	gel	22.00	✓
1107	22 #	flow seal	54.34	✓
		material sub	1774.84	
		less 30%	532.45	✓
		material total		1242.39 ✓
7402	1	2 1/2 plus		29.50 ✓
			34106.37	
			SALES TAX	97.30 31 ✓
			ESTIMATED TOTAL	2893.20 ✓
				2893.20 ✓

completed

Ravin 3737

no company rep  
Jim DKJ

AUTHORIZATION \_\_\_\_\_ 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