



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1227830
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: _____

1227830

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
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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> _____	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. 680'
 T.D. of pipe 575'
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Production

API # 15-121-30632-00-00
 Lease Name Renner
 Well # P-13
 Spud Date 9/16/2014
 Cement Date
 Location Sec 16 T 17 R 22
 165 feet from S line
 330 feet from E line
 County Miami

Driller's Log

Thickness	Strata	From	To	
2	soil	0	2	
18	clay	2	20	
15	shale	20	35	
18	lime	35	53	
33	shale	53	86	
7	lime	86	93	
31	shale	93	124	
15	lime	124	139	
8	shale	139	147	
26	lime	147	173	
8	coal	173	181	
21	lime	181	202	
4	coal	202	206	
12	lime	206	218	
138	shale	218	356	
2	oil sand	356	358	broken
2	oil sand	358	360	broken
3	oil sand	360	363	good
3	oil sand	363	366	ok
3	oil sand	366	369	good
2	oil sand	369	371	good
1	lime	371	372	
3	oil sand	372	375	v-good
3	oil sand	375	378	v-good
3	oil sand	378	381	v-good
3	oil sand	381	384	v-good
9	lime	384	393	
53	shale	393	446	
6	lime	446	452	
14	shale	452	466	
3	lime	466	469	
12	black shale	469	481	
5	lime	481	486	
16	shale	486	502	

4	lime	502	506	
15	shale	506	521	
2	oil sand	521	523	good
3	oil sand	523	526	v-good
3	oil sand	526	529	v-good
2	oil sand	529	531	v-good
2	oil sand	531	533	v-good
3	oil sand	533	536	v-good
38	shale	536	574	
24	black shale	574	598	
8	sandy shale	598	606	little oil
19	shale	606	625	
1	lime	625	626	
8	shale	626	634	
9	sandy shale	634	643	
37	shale	643	680	



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 48247
LOCATION Dittman
FOREMAN Alan Mader

271484

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-25-14	4015	Renner P-13	SE 16	17	22	Mi

CUSTOMER
JTE Oil
MAILING ADDRESS
35688 Plum Creek
CITY
Oswaytonie STATE
KS ZIP CODE
66064

TRUCK #	DRIVER	TRUCK #	DRIVER
730	Aladdin	368	Safety Meet
368	Mik Hgg		
370	Mik Fox		
558	Brn Bir		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 600 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 575 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 333 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meetings. Established rate. Mixed & pumped 100# gel followed by 73 SK OWC plus 1/4# flo seal per sack. Circulated cement. Flashed pump. Pumped plug to casing TD. Well held 800 PSI. Set float.

Manual

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00 ✓
5406	25	MILEAGE	368	10500 ✓
5402	575	casing footage	368	✓
5407	1/2 min	ton miles	558	184.00 ✓
5502C	1	80 x 20	370	100.00 ✓
1126	23	OWC	1491.75 ✓	
1118B	100	gel	22.00 ✓	
1107	18#	flaseal	44.46 ✓	
		material sub	1508.21	
		less 30%	-452.46 ✓	
		material total	1055.75 ✓	
4402	1	2 1/2 pgs	29.50 ✓	
			3129.34	

completed

Ravin 3737 AUTHORIZATION [Signature] TITLE _____ DATE _____
SALES TAX 83.02 ✓
ESTIMATED TOTAL 2642.27 ✓

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.