



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234063
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: _____

1234063

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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> _____	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. 740'
 T.D. of pipe 712'
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Production

API # 15-121-30414-00-00
 Lease Name Cooper
 Well # P-1
 Spud Date 10/16/2014
 Cement Date 11/3/2014
 Location Sec 9 T 17 R 22
 165 feet from S line
 165 feet from E line
 County Miami

Driller's Log

Thickness	Strata	From	To	
6	dirt	0	6	
5	lime	6	11	
93	shale	11	104	
18	lime	104	122	
14	shale	122	136	
6	lime	136	142	
12	shale	142	154	
6	lime	154	160	
41	shale	160	201	
12	lime	201	213	
12	shale	213	225	
27	lime	225	252	
9	shale	252	261	
22	lime	261	283	
3	black shale	283	286	
14	lime	286	300	
136	shale	300	436	
22	sandy mix	436	458	
4	sand	458	462	ok
10	lime	462	472	
5	mix	472	477	
48	shale	477	525	
5	lime	525	530	
26	shale mix	530	556	
5	lime	556	561	
5	shale	561	566	
10	lime mix	566	576	
41	shale	576	617	
3	sand	617	620	little
10	sand	620	630	620-633 ok
20	Core 1	630	650	
20	sand	630	650	633-651 good

16	Core 2	650	666	
10	sand	650	660	little
1	washed	660	661	
20	Core 3	666	686	
20	sand	661	681	good
59	shale	681	740	

11-4-14

JMC 718 F1 170



CEMENT FIELD TICKET AND TREATMENT REPORT

6400000
120

Customer: JTC	State: County: FRANKLIN	Cement Type: CLASS A
Job Type: 1/8	Section:	Excess (%): 1.4
Customer Acct #: 4015	TWP:	Density: 13.8
Well No.: cooper p-1	RGE:	Water Required:
Mailing Address:	Formation:	Yield:
City & State:	Tubing: 2 7/8	Sacks of Cement: 122
Zip Code:	Drill Pipe:	Silum Volume:
Contact:	Casing Size: INCH	Displacement: 4
Email:	Flow Size: 2 7/8	Displacement PSI: 300
Cell:	Casing Depth: 712	MIX PSI: 200
Dispatch Location: Eureka	Hole Depth: 740	Rate: 3

Code	Description	Quantity	Unit	Price per Unit	Total
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,085.00	\$ 1,085.00
5406	EQUIPMENT MILEAGE (ONE-WAY)	.25	PER MILE	\$4.20	\$ 105.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$368.00	\$ 368.00
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
EQUIPMENT TOTAL					\$ 1,558.00

Code	Description	Quantity	Unit	Price per Unit	Total
1128	CEMENT, CHEMICALS AND WATER				
0	W.C. CEMENT (CAL SEAL) 6% OWC, 2% CAL. CHLORIDE 2% GE	83		\$19.75	\$ 1,639.25
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
1123	CITY WATER (PER 1000 GAL)	2000	Per Gal	\$0.02	\$ 34.60
Chemical Total					\$ 1,182.08

Code	Description	Quantity	Unit	Price per Unit	Total
5502C	80 BBL VACUUM TRUCK (CEMENT)	2	BL VACUUM TRUCK (CEM)	\$90.00	\$ 180.00
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
Transports Total					\$ 180.00

Code	Description	Quantity	Unit	Price per Unit	Total
Cement Floating Equipment (TAXABLE)					
0	Cement Basket				
0	Centralizer	0		\$0.00	\$ -
0		0		\$0.00	\$ -
0	Float Shoe	0		\$0.00	\$ -
0	Float Collars	0		\$0.00	\$ -
0	Guide Shoes	0		\$0.00	\$ -
0	Baffle and Flapper Plates	0		\$0.00	\$ -
0	Packer Shoes	0		\$0.00	\$ -
0	DV Tools	0		\$0.00	\$ -
0	Bell Valves, Swedges, Clamps, Misc.	0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0	Plugs and Ball Sealers	0		\$0.00	\$ -
4402E	2 7/8 rubber plugs	1		\$29.50	\$ 29.50
0	Downhole Tools	0		\$0.00	\$ -
0		0		\$0.00	\$ -
CEMENT FLOATING EQUIPMENT TOTAL					\$ 29.50

TRUCK #	DRIVER NAME
840	Jeremy Austin
495-120	har bec 210-120
675-120	lgi del 939-420
558-120	bruce blrbr 1421120

0	SUB TOTAL	\$ 2,949.58
7.65%	SALES TAX	\$ 226.69
0%	TOTAL	\$ 3,176.27
0%	(-DISCOUNT)	\$ -
DISCOUNTED TOTAL		\$ 3,176.27

AUTHORIZATION _____
DATE _____

TITLE _____
FOREMAN *[Signature]*

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.

J.V.