

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> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

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

INVOICE #801907

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 50587 ⁸⁷³ ⁸⁰³
LOCATION Ottawa
FOREMAN Alan Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-3-14	4015	Cooper F-2	SE 9	17	22	Mi.
CUSTOMER JTC Oil			TRUCK #			
MAILING ADDRESS 35688 Plum Creek			DRIVER			
CITY Oswatimie			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66061			TRUCK #			
			DRIVER			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 720 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 700 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 4.07 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting, Established rate. Mixed & pumped 100# gel followed by 90 SK DWC plus 1/4# floseal per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI for 30 minutes. MIT. Set float.

Taylor Herman KCC

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	105.00
5402	700'	casing footage	368	—
5407A	112	ton miles	548	1164.96
5502C	1 1/2	80 gal	369	150.00
1126	90	DWC	1772.50	—
1186	100#	gel	22.00	—
1107	23#	Floseal	56.81	—
		material sub	1856.30	
		less 30%	556.89	
		material total		1299.41
4402	1	Rubber Plug	29.50	29.50
			3535.04	
		SALES TAX		101.63
		ESTIMATED TOTAL		2935.55

Ravin 3737 no company rep

AUTHORIZATION Jim DKD 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.

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. 720'
 T.D. of pipe 700'
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Injection

API # 15-121-30431-00-00
 Lease Name Cooper
 Well # I-2
 Spud Date 10/17/2014
 Cement Date 11/3/2014
 Location Sec 9 T 17 R 22
 330 feet from S line
 660 feet from E line
 County Miami

Driller's Log

Thickness	Strata	From	To	
2	soil	0	2	
2	lime	2	4	
3	clay	4	7	
91	shale	7	98	
16	lime	98	114	
29	shale	114	143	
9	lime	143	152	
46	shale	152	198	
13	lime	198	211	
10	shale	211	221	
26	lime	221	247	
9	coal	247	256	
22	lime	256	278	
4	coal	278	282	
13	lime	282	295	
141	shale	295	436	
3	lime	436	439	
13	sand	439	452	
4	lime	452	456	
5	shale	456	461	
11	lime	461	472	
50	shale	472	522	
8	lime	522	530	
19	shale	530	549	
2	lime	549	551	
15	black shale	551	566	
3	lime	566	569	
21	shale	569	590	
3	lime	590	593	
21	shale	593	614	
4	oil sand/shale	614	618	ok
4	oil sand	618	622	good
4	shale/sand	622	626	broke
4	shale/sand	626	630	broke

4	shale/sand	630	634	ok
4	oil sand	634	638	ok
4	oil sand	638	642	good
4	oil sand	642	646	good
4	oil sand	646	650	good
4	oil sand	650	654	good
4	oil sand	654	658	good
4	oil sand	658	662	v-good
58	shale	662	720	

Summary of Changes

Lease Name and Number: Cooper I-2

API/Permit #: 15-121-30431-00-00

Doc ID: 1237048

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved By	Rene Stucky	NAOMI JAMES
Approved Date	12/31/2014	01/05/2015
Electric Log Run?	No	Yes
Elogs_PDF		Gamma Neutron
Save Link	../../kcc/detail/operatorE ditDetail.cfm?docID=12 36724	../../kcc/detail/operatorE ditDetail.cfm?docID=12 37048

Summary of Attachments

Lease Name and Number: Cooper I-2

API: 15-121-30431-00-00

Doc ID: 1237048

Correction Number: 1

Attachment Name

Cement Ticket

Drill Log



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1236724
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL 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: _____