

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242543
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: _____

1242543

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. 740'
 T.D. of pipe 722'
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Injection

API # 15-059-26877-00-00
 Lease Name Chase
 Well # I-2
 Spud Date 1/22/2015
 Cement Date 1/29/2015
 Location Sec 33 T 17 R 21
 330 feet from N line
 660 feet from W line
 County Franklin

Driller's Log

Thickness	Strata	From	To	
2	soil	0	2	
10	lime	4	14	
95	shale	14	109	
21	lime	109	130	
23	shale	130	153	
5	lime	153	158	
35	shale	158	193	
17	lime	193	210	
11	shale	210	221	
28	lime	221	249	
8	coal	249	257	
21	lime	257	278	
4	coal	278	282	
11	lime	282	293	
137	shale	293	430	
4	red bed	430	434	
14	shale	434	448	
10	lime	448	458	
52	shale	458	510	
4	lime	510	514	
10	shale	514	524	
2	lime	524	526	
12	black shale	526	538	
17	shale	538	555	
3	lime oil	555	558	ok
3	lime oil	558	561	good
2	lime oil	561	563	broken
4	shale	563	567	
2	sand	567	569	
26	shale	569	595	
40	black shale	595	635	
2	oil sand	635	637	
1	oil sand	637	638	
3	oil sand	638	641	

26	shale	641	667
1	lime	667	668
14	shale	668	682
2	oil sand	682	684
2	oil sand	684	686
2	oil sand	686	688
2	mix shale/sand	688	690
2	sandy shale	690	692
48	black shale	692	740



250 N. Water, Ste 200 - Wichita, Ks 67202

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer	JTC		Customer Name:		Ticket No.:	50511			
Address:			AFE No.:		Date:	1/29/2015			
City, State, Zip:			Job type	New Cement Longstring..					
Service District:			Well Details:	2 7/8 casing @ 720... 5 7/8 hole @ 740					
Well name & No.	Chase # 2 <i>I-2</i>		Well Location:		County:	Franklin	State:	Kansas	
Equipment #	Driver	Equipment #	Driver	Equipment #	Hours	TRUCK CALLED		AM PM	TIME
26	Joe		Troy	extra		ARRIVED AT JOB		AM PM	
231	Tom					START OPERATION		AM PM	
240	Amos					FINISH OPERATION		AM PM	
108	Jeff					RELEASED		AM PM	
110	Tyler					MILES FROM STATION TO WELL			

Treatment Summary

Hooked onto 2 7/8 casing and achieved circulation.. Pumped 15 bbl gel sweep followed by 15 bbl water spacer and 123 sks of 50/50 poz mix 2% gel 1/4 flo seal.. Flushed pump and pumped plug to bottom and set float shoe.. CEMENT TO SURFACE

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Item Discount	Net Amount
c00101	Heavy Equip. One Way	mi	15.00	\$3.25	\$48.75	10.00%	\$43.88
c00102	Light Equip. One Way	mi	15.00	\$1.50	\$22.50	10.00%	\$20.25
c23103	Cement Pump (Multiple wells)	ea	1.00	\$675.00	\$675.00	10.00%	\$607.50
p01604	50/50 Pozmix Cement	sack	123.00	\$11.30	\$1,389.90	25.00%	\$1,042.43
p01607	Bentonite Gel	lb	200.00	\$0.30	\$60.00	25.00%	\$45.00
p01607	Bentonite Gel	lb	206.00	\$0.30	\$61.80	25.00%	\$46.35
p01611	FLO-Seal	lb	30.75	\$2.15	\$66.11	25.00%	\$49.58
p01631	Rubber 2 7/8	ea	1.00	\$25.00	\$25.00	10.00%	\$22.50
p02000	H2O	gal	4,600.00	\$0.01	\$59.80	10.00%	\$53.82
c10800	Vacuum Truck 80 bbl	ea	1.00	\$84.00	\$84.00	10.00%	\$75.60
c11000	Vacuum Truck 80 bbl	ea	1.00	\$84.00	\$84.00	10.00%	\$75.60
C25001	Cement Bulk Trailer - Minimum	ea	1.00	\$300.00	\$300.00	50.00%	\$150.00

TERMS: Cash in advance unless Hurricane Services Inc has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts may pay interest on the balance past due at the rate of 1 1/4% per month or the maximum allowable by applicable state or federal laws if such laws limit interest to a lesser amount. In the event it is necessary to employ an agency and/or attorney to affect the collection of said account, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any and all discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount will become immediately due and owing and subject to collection.

Gross:		\$ 2,876.86	Net:	\$ 2,232.50
Total Taxable	\$1,205.86	Tax Rate:	7.650%	
Frac and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.		Sale Tax:	\$ 92.25	
		Total:	\$ 2,324.75	

X _____
CUSTOMER AUTHORIZED AGENT

Date of Service: 1/29/2015
 HSI Representative: Joe Blanchard
 Customer Representative: Curtis

Customer Comments or Concerns:

Hurricane Services appreciates any Comments, Concerns or Criticism's from our valuable customers as Safety and Customer Satisfaction are our Number 1 goal. All Comments are confidential and will be used in a constructive manner to improve our Safety and Job Performance.