

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1242547  
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: \_\_\_\_\_

1242547

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> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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250 N. Water, Ste 200 - Wichita, Ks 67202

**HURRICANE SERVICES INC**

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer	JTC		Customer Name:		Ticket No.:	50512	
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 # 3 <i>IR</i>		Well Location:		County:	Franklin	State: Kansas
Equipment #	Driver	Equipment #	Driver	Equipment #	Hours	TRUCK CALLED	AM PM
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 fo 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	-	\$3.25	\$0.00	10.00%	\$0.00
c00102	Light Equip. One Way	mi	-	\$1.50	\$0.00	10.00%	\$0.00
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	-	\$0.01	\$0.00	10.00%	\$0.00
c10800	Vacuum Truck 80 bbl	ea	0.75	\$84.00	\$63.00	10.00%	\$56.70
c11000	Vacuum Truck 80 bbl	ea	0.75	\$84.00	\$63.00	10.00%	\$56.70
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.

<b>Gross:</b> \$ 2,703.81		<b>Net:</b> \$ 2,076.76	
<b>Total Taxable</b>	\$1,205.86	<b>Tax Rate:</b>	7.650%
Frac and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.		<b>Sale Tax:</b>	\$ 92.25
		<b>Total:</b>	\$ 2,169.01

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

X \_\_\_\_\_  
CUSTOMER AUTHORIZED AGENT

**Customer Comments or Concerns:**

Operator License #	32834	API #	15-059-26878-00-00		
Operator	JTC Oil, Inc.	Lease Name	Chase		
Address	35790 Plum Creek Road	Well #	I-3		
City	Osawatomie, KS 66064				
Contractor	JTC Oil, Inc.	Spud Date	1/22/2015		
Contractor License #	32834	Cement Date	1/29/2015		
T.D.	720'	Location	Sec 33	T 17	R 21
T.D. of pipe	699'		330 feet from	N	line
Surface pipe size	7"		990 feet from	W	line
Surface pipe depth	20'	County	Franklin		
Well Type	Injection				

Driller's Log

Thickness	Strata	From	To	
2	soil	0	2	
16	clay	2	18	
73	shale	18	91	
17	lime	91	108	
28	shale	108	136	
5	lime	136	141	
36	shale	141	177	
17	lime	177	194	
10	shale	194	204	
28	lime	204	232	
8	coal	232	240	
22	lime	240	262	
4	coal	262	266	
11	lime	266	277	
137	shale	277	414	
3	red bed	414	417	
15	shale	417	432	
13	lime	432	445	
49	shale	445	494	
4	lime	494	498	
10	shale	498	508	
2	lime	508	510	
13	black shale	510	523	
15	shale	523	538	
3	lime oil	538	541	ok
3	lime oil	541	544	good
3	lime oil	544	547	good
43	shale	547	590	
32	black shale	590	622	
3	sandy	622	625	
3	sand	625	628	ok
2	sandy shale	628	630	
36	shale	630	666	
2	oil sand	666	668	good

2	oil sand	668	670	v-good
2	oil sand	670	672	v-good
2	oil sand	672	674	good
2	oil sand/shale	674	676	broken
44	black shale	676	720	