

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242563
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 |
|-----------------------------------|-----------------|---|

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: _____

1242563

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 |
| | | | | | |

| | | |
|--|---|---|
| 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ | PRODUCTION INTERVAL: _____ _____ |
|--|---|---|

| | | | |
|----------------------|-----------------------|-------------|--------------------------------|
| Operator License # | 32834 | API # | 15-059-26881-00-00 |
| Operator | JTC Oil, Inc. | Lease Name | Chase |
| Address | 35790 Plum Creek Road | Well # | I-10 |
| City | Osawatomie, KS 66064 | | |
| Contractor | JTC Oil, Inc. | Spud Date | 1/27/2015 |
| Contractor License # | 32834 | Cement Date | 1/29/2015 |
| T.D. | 740' | Location | Sec 33 T 17 R 21 |
| T.D. of pipe | 725' | | 660 feet from N line |
| Surface pipe size | 7" | | 660 feet from W line |
| Surface pipe depth | 20' | County | Franklin |
| Well Type | Injection | | |

Driller's Log

| Thickness | Strata | From | To | |
|-----------|-------------|------|-----|--------|
| 2 | top soil | 0 | 2 | |
| 8 | clay | 2 | 10 | |
| 94 | shale | 10 | 104 | |
| 17 | lime | 104 | 121 | |
| 29 | shale | 121 | 150 | |
| 5 | lime | 150 | 155 | |
| 36 | shale | 155 | 191 | |
| 17 | lime | 191 | 208 | |
| 10 | shale | 208 | 218 | |
| 27 | lime | 218 | 245 | |
| 6 | coal | 245 | 251 | |
| 22 | lime | 251 | 273 | |
| 5 | coal | 273 | 278 | |
| 12 | lime | 278 | 290 | |
| 136 | shale | 290 | 426 | |
| 4 | red bed | 426 | 430 | |
| 13 | shale | 430 | 443 | |
| 11 | lime | 443 | 454 | |
| 52 | shale | 454 | 506 | |
| 5 | lime | 506 | 511 | |
| 10 | shale | 511 | 521 | |
| 2 | lime | 521 | 523 | |
| 12 | black shale | 523 | 535 | |
| 2 | lime | 535 | 537 | |
| 14 | shale | 537 | 551 | |
| 10 | lime oil | 551 | 561 | |
| 29 | shale | 561 | 590 | |
| 43 | black shale | 590 | 633 | |
| 2 | sandy | 633 | 635 | |
| 3 | sandy shale | 635 | 638 | |
| 45 | shale | 638 | 683 | |
| 2 | oil sand | 683 | 685 | v-good |
| 3 | oil sand | 685 | 688 | v-good |
| 3 | oil sand | 688 | 691 | ok |

49

black shale

691

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.: 50514 | | | | |
|--|-------------------------------|--|----------|--|--------------------|----------------------------|------------------|------|
| 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 # 10 I-10 | | Well Location: | | County: Franklin | State: Kansas | | | |
| Equipment # | Driver | Equipment # | Driver | Equipment # | Hours | TRUCK CALLED | AM | TIME |
| 26 | Joe | | | | | ARRIVED AT JOB | AM | |
| 231 | Tom | | | | | START OPERATION | AM | |
| 165-250 | troy | | | | | FINISH OPERATION | AM | |
| 108 | Jeff | | | | | RELEASED | AM | |
| 110 | Tyler | | | | | MILES FROM STATION TO WELL | PM | |
| Treatment Summary | | | | | | | | |
| Hooked onto 2 7/8 casing and achieved circulation.. Pumped 15 bbl gel sweep followed by 15 bbl water spacer and 120 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... CUSTOMER SUPPLIED WATER 75 | | | | | | | | |
| 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 | 120.00 | \$11.30 | \$1,356.00 | 25.00% | \$1,017.00 | |
| p01607 | Bentonite Gel | lb | 200.00 | \$0.30 | \$60.00 | 25.00% | \$45.00 | |
| p01607 | Bentonite Gel | lb | 201.00 | \$0.30 | \$60.30 | 25.00% | \$45.23 | |
| p01611 | FLO-Seal | lb | 30.00 | \$2.15 | \$64.50 | 25.00% | \$48.38 | |
| 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 | 75.00% | \$75.00 | |
| 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 1/2% 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: \$ 2,666.80 | | Net: \$ 1,974.00 | |
| | | | | Total Taxable | \$1,178.10 | 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: | \$ 90.12 | |
| | | | | | | Total: | \$ 2,064.12 | |
| | | | | Date of Service: | 1/29/2015 | | | |
| | | | | HSI Representative: | Joe Blanchard | | | |
| | | | | Customer Representative: | Curtis | | | |
| X _____ CUSTOMER AUTHORIZED AGENT | | | | | | | | |
| 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.