

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242566
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: _____

1242566

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	API #	15-059-26882-00-00		
Operator	JTC Oil, Inc.	Lease Name	Chase		
Address	35790 Plum Creek Road	Well #	I-11		
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	724'		660 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	
14	clay	2	16	
71	shale	16	87	
18	lime	87	105	
28	shale	105	133	
5	lime	133	138	
37	shale	138	175	
17	lime	175	192	
9	shale	192	201	
27	lime	201	228	
8	coal	228	236	
22	lime	236	258	
5	coal	258	263	
11	lime	263	274	
137	shale	274	411	
4	red bed	411	415	
13	shale	415	428	
13	lime	428	441	
46	shale	441	487	
5	coal	487	492	
6	lime	492	498	
8	shale	498	506	
3	lime	506	509	
12	black shale	509	521	
2	lime	521	523	
14	shale	523	537	
1	lime	537	538	
3	lime oil	538	541	good
3	lime oil	541	544	good
1	lime	544	545	
25	shale	545	570	
48	black shale	570	618	
2	sandy	618	620	ok
3	sandy	620	623	little oil

2	sandy shale	623	625	
43	shale	625	668	
2	oil sand	668	670	v-good
2	oil sand	670	672	v-good
2	oil sand	672	674	v-good
2	sand/shale	674	676	ok
34	black shale	676	710	
30	shale	710	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.:	50513				
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 # 11	Well Location:	County:	Franklin	State: Kansas				
Equipment #	Driver	Equipment #	Driver	Equipment #	Hours	TRUCK CALLED	AM	PM	TIME
26	Joe					ARRIVED AT JOB	AM	PM	
231	Tom					START OPERATION	AM	PM	
165-250	troy					FINISH OPERATION	AM	PM	
108	Jeff					RELEASED	AM	PM	
110	Tyler					MILES FROM STATION TO WELL	AM	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 WATER75

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

X _____
CUSTOMER AUTHORIZED AGENT

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

Customer Comments or Concerns: