

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1245490
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: _____

1245490

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
 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 725'
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Production

API # 15-059-26887-00-00
 Lease Name Chase
 Well # P-1
 Spud Date 2/1/2015
 Cement Date 2/5/2015
 Location Sec 33 T 17 R 21
 165 feet from N line
 1155 feet from W line
 County Franklin

Driller's Log

Thickness	Strata	From	To	
2	soil	0	2	
8	clay	2	10	
87	shale	10	97	
18	lime	97	115	
27	shale	115	142	
6	lime	142	148	
37	shale	148	185	
17	lime	185	202	
9	shale	202	211	
28	lime	211	239	
8	coal	239	247	
21	lime	247	268	
5	coal	268	273	
11	lime	273	284	
157	shale	284	441	
12	lime	441	453	
48	shale	453	501	
5	lime	501	506	
11	shale	506	517	
2	lime	517	519	
12	black shale	519	531	
2	lime	531	533	
14	shale	533	547	
2	lime	547	549	
2	lime oil	549	551	good
2	lime oil	551	553	ok
2	lime oil	553	555	ok
12	shale	555	567	
61	black shale	567	628	
3	oil sand	628	631	ok
3	oil sand	631	634	ok
2	sandy shale	634	636	
39	shale	636	675	
2	oil sand	675	677	ok

2	oil sand	677	679	good
2	oil sand	679	681	v-good
2	oil sand	681	683	v-good
2	sandy shale	683	685	ok
55	black shale	685	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.: 50014				
Address:		AFE No.:		Date: 2/5/2015				
City, State, Zip:		Job type: Cement Longstring... (NEW WELL)						
Service District:		Well Details: 2 7/8 casing @ 698.. 5 7/8 hole @ 720						
Well name & No. Chase #1		Well Location:		County: Franklin	State: Kansas			
Equipment #	Driver	Equipment #	Driver	Equipment #	Hours	TRUCK CALLED	AM	TIME
25	dwayne	extra	Dan			ARRIVED AT JOB	AM	
231	Tom					START OPERATION	AM	
242	Troy					FINISH OPERATION	AM	
108	Eric					RELEASED	AM	
110	Tyler					MILES FROM STATION TO WELL	PM	
Treatment Summary								
<p>Hooked onto 2 7/8 casing and achieved circulation.. Pumped 15 bbl gel sweep followed by 15 bbl water spacer and 100 sks of OWC cement.. Flushed pump and pumped plug to bottom and set float shoe.. 5 bbl slurry to pit... CUSTOMER SUPPLIED WATER FOR THIS WELL</p>								
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		10.00%		
c00102	Light Equip. One Way	mi		\$1.50		10.00%		
c23103	Cement Pump (Multiple wells)	ea	1.00	\$675.00	\$675.00	10.00%	\$607.50	
p01605	O.W.C. Cement	sack	100.00	\$17.95	\$1,795.00	25.00%	\$1,346.25	
p01607	Bentonite Gel	lb	200.00	\$0.30	\$60.00	25.00%	\$45.00	
p01631	Rubber 2 7/8	ea	1.00	\$25.00	\$25.00	10.00%	\$22.50	
p02000	H2O	gal		\$0.01		10.00%		
c10800	Vacuum Truck 80 bbl	ea	2.00	\$84.00	\$168.00	10.00%	\$151.20	
c11000	Vacuum Truck 80 bbl	ea	2.00	\$84.00	\$168.00	10.00%	\$151.20	
c24201	Cement Bulk Truck - 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 1/2% 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: \$ 3,191.00		Net: \$ 2,473.65	
<input checked="" type="checkbox"/> _____ CUSTOMER AUTHORIZED AGENT Customer Comments or Concerns:					Total Taxable \$ -		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: \$ -	
Date of Service:					2/5/2015			
HSI Representative:					Dwayne Lowe			
Customer Representative:					Curtis			

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.