

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1249935

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: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run:			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
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 (Explain) _____					
Estimated Production Per 24 Hours	Oil	Bbbs.	Gas	Mcf	Water	Bbbs.	Gas-Oil Ratio	Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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Form	ACO1 - Well Completion
Operator	JTC Oil, Inc.
Well Name	D. PETTIT P-58
Doc ID	1249935

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	9	7	10	20	PORTLAND	5	O.W.C.
Production	5.625	2.875	8	410	PORTLAND	70	O.W.C.

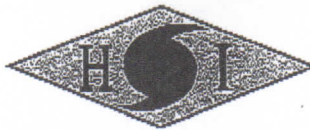
Operator License # 32834
 Operator JTC Oil, Inc.
 Address 35790 Plum Creek Road
 City Osawatomie, KS 66064
 Contractor JTC Oil, Inc.
 Contractor License # 32834
 T.D. 640'
 T.D. of pipe 410'
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Production

API # 15-121-30963-00-00
 Lease Name D. Pettit
 Well # P-58
 Spud Date 3/10/2015
 Cement Date 4/1/2015
 Location Sec 23 T 18 S R 22 E
 2475 feet from N line
 495 feet from W line
 County Miami

Driller's Log

Thickness	Strata	From	To	
2	soil	0	2	
9	lime	2	11	
26	shale	11	37	
4	lime	37	41	
42	shale	41	83	
12	lime	83	95	
9	shale	95	104	
29	lime	104	133	
6	coal	133	139	
24	lime	139	163	
4	coal	163	167	
15	lime	167	182	
139	shale	182	321	
2	oil sand	321	323	ok
2	oil sand	323	325	ok
2	oil sand	325	327	good
2	oil sand	327	329	v-good
2	lime oil	329	331	good
4	oil sand	331	335	v-good
2	oil sand	335	337	v-good
10	shale	337	347	
17	lime	347	364	
45	shale	364	409	
9	lime	409	418	
10	shale	418	428	
3	lime	428	431	
12	black shale	431	443	
3	lime	443	446	
6	shale	446	452	
12	lime	452	464	
13	shale	464	477	
2	lime	477	479	
8	coal	479	487	
31	shale	487	518	

25	black shale	518	543
5	sandy	543	548
30	black shale	548	578
13	shale	578	591
3	coal	591	594
4	shale	594	598
10	sandy	598	608
32	black shale	608	640



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

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer: JTC		Customer Name:		Ticket No.: 50533			
Address:		APE No.:		Date: 4/1/2015			
City, State, Zip:		Job type: Cement Longstring (NEW WELL)					
Service District:		Well Details: 2 7/8 casing @ 400... 5 7/8 hole @ 700.. 300 ft of open rat hole					
Well name & No. D Pettit P-58		Well Location:		County: Miami	State: Kansas		
Equipment #	Driver	Equipment #	Driver	Equipment #	Hours		
26	Joe	Extra	Jeff				
231	Tom						
242	Jesse						
111	Tyler						
110	Amos						
TRUCK CALLED ARRIVED AT JOB START OPERATION FINISH OPERATION RELEASED MILES FROM STATION TO WELL							
Treatment Summary Hooked onto 2 7/8 casing and achieved circulation... Pumped 14 bbl gel sweep followed by 14 bbl water spacer and 70 sks of OWC cement... Flushed pump and pumped plug to bottom and set float shoe... 4 bbl slurry to pit... 300 ft of open rat hole							
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
c11000	Vacuum Truck 80 bbl	ea	1.50	\$84.00	\$126.00	10.00%	\$113.40
c10800	Vacuum Truck 80 bbl	ea	1.50	\$84.00	\$126.00	10.00%	\$113.40
p01605	O.W.C. Cement	sack	70.00	\$17.96	\$1,256.50	25.00%	\$942.38
p01607	Bentonite Gel	lb	200.00	\$0.30	\$60.00	25.00%	\$45.00
p01631	Rubber Plug 2 7/8	ea	1.00	\$25.00	\$25.00	10.00%	\$22.50
p02000	H2O	gal	4,600.00	\$0.01	\$59.80		\$59.80
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 3/4% 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 effect 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:	\$ 2,699.55	Net:	\$ 2,118.10
				Total Taxable	\$ -	Tax Rate:	7.650%
				Sale Tax: \$ -			
				Total: \$ 2,118.10			
				Date of Service: 4/1/2015			
				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.