

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1263166
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: _____

1263166



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: 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> <input type="checkbox"/> Other <i>(Specify)</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. 760
 T.D. of pipe 0
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Production

API # 15-121-31054-00-00
 Lease Name Heckerson
 Well # P-1
 Spud Date 8/13/2015
 Cement Date
 Location Sec 23 T 18 R 21
 2475 feet from S line
 165 feet from E line
 County Miami

Driller's Log

Thickness	Strata	From	To
2	soil	0	2
6	clay	2	8
13	lime	8	21
21	shale	21	42
4	lime	42	46
42	shale	46	88
15	lime	88	103
10	shale	103	113
29	lime	113	142
6	coal	142	148
25	lime	148	173
5	coal	173	178
10	lime	178	188
141	shale	188	329
13	lime shale	329	342
8	shale	342	350
15	lime	350	365
3	shale	365	368
7	sandy	368	375
33	shale	375	408
9	lime	408	417
10	shale	417	427
3	lime	427	430
14	black shale	430	444
11	lime	444	455
15	shale	455	470
2	lime	470	472
3	coal	472	475
3	lime	475	478
6	shale	478	484
1	oil sand	484	485
2	sand	485	487
2	sand/shale	487	489
2	sandy shale	489	491

broke

3	sandy	491	494
17	shale	494	511
46	black shale	511	557
42	shale	557	599
2	sand	599	601
2	sandy	601	603
3	sandy shale	603	606
12	shale	606	618
25	sandy shale	618	643
53	sand	643	696
12	shale	696	708
17	black shale	708	725
6	sand	725	731
11	shale	731	742
9	black shale	742	751
9	shale	751	760



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

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer:	JTC	Customer Name:		Ticket No.:	50682			
Address:		A/E No.:		Date:	8/21/2015			
City, State, Zip:		Job type:	Plug job (new well) dry hole					
Service District:		Well Details:	5 7/8 hole @ 760					
Well name & No.:	Heckerson P 1	Well Location:	County:	Miami	State:	ks		
Equipment #	Driver	Equipment #	Driver	Equipment #	Hours	TRUCK CALLED	AM	TIME
26	joe					ARRIVED AT JOB	AM	
230	jeff					START OPERATION	AM	
111	Pete					FINISH OPERATION	AM	
109	Ron					RELEASED	AM	
241	troy					MILES FROM STATION TO WELL	AM	

Treatment Summary

Hooked onto 1 inch casing and pumped 16 bbl gel followed by 10 sks of 60/40 poz mix 4 % gel.. Tripped out 250 ft of 1 inch tubing and pumped 10 sks of 60/40 poz mix 4% gel.. Tripped out 250 ft of 1 inch which left 250 ft of 1 inch in hole.. Pumped 50 sks 60/40 4% to get good cement to surface.. Pulled 1 inch out of hole and topped well off with 3 sks of cement..

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		\$48.75
c00102	Light Equip. One Way	mi	15.00	\$1.50	\$22.50		\$22.50
c23002	Cement Pump	ea	1.00	\$675.00	\$675.00	10.00%	\$607.50
c11100	Vacuum Truck 80 bbl	ea	1.00	\$84.00	\$84.00	10.00%	\$75.60
c10900	Vacuum Truck 80 bbl	ea	1.00	\$84.00	\$84.00	10.00%	\$75.60
p01603	60/40 Pozmix Cement	sack	73.00	\$12.00	\$876.00	10.00%	\$788.40
p01607	Bentonite Gel	lb	529.00	\$0.30	\$158.70	10.00%	\$142.83
c24001	Cement Bulk Truck - Minimum	ea	1.00	\$300.00	\$300.00	50.00%	\$150.00
p02000	H2O	gal	4,600.00	\$0.01	\$59.80	10.00%	\$53.82

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.

Gross:	\$ 2,308.75	Net:	\$ 1,965.00
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:	\$ -
		Total:	\$ 1,965.00
Date of Service:	8-21-15		
HSI Representative:	Joe Blanchard		
Customer Representative:	Tom Cain		

X _____
CUSTOMER AUTHORIZED AGENT

Customer Comments or Concerns: