Confidentiality Requested: Yes No

Kansas Corporation Commission 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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
□ Oil □ WSW □ SWD □ SIOW	Producing Formation:
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? ☐ Yes ☐ No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Demois #	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Location of fluid disposal if fladied offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R
Recompletion Date Recompletion Date	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:					

CORRECTION #1

Operator Name: _ Lease Name: _ Well #: _ 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** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No J Yes Cores Taken Electric Log Run ___ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) 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** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: DISPOSITION OF GAS: PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

Form	ACO1 - Well Completion
Operator	JTC Oil, Inc.
Well Name	HAHN BSI-HN7
Doc ID	1308633

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	9	7	10	20	PORTLAN D	5	OWC
Production	5.625	2.875	8	524	PORTLAN D	85	OWC



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

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer	JTC				ıstomer Name:			Ticket No.:		50683	3
Address:					AFE No.:			Date:	8/21/2015		
City, State, Zip:					Job type	CEMENT LO	NGSTRING (NEW WELL)			
Service District:					Well Details:	2 7/8 CASING	@ 524 5	7/8 HOLE @	540		
Well name & No.	Hahn BE	HN7			Well Location:		County:	Miami	State:	ks	
Equipment #	Driver	Equipment #	Driver	Equipment #	Hours	TRUCK CALL	.ED			AM PM	TIME
26	joe					ARRIVED AT	JOB			AM PM	
230	jeff					START OPER	RATION			AM PM	
111	Pete					FINISH OPER	RATION			AM PM	
109	Ron					RELEASED				AM PM	
241	troy	İ		ĺ		MILES FROM	STATION T	O WELL			

Treatment Summary

well had 20 ft water table from 60 to 80 ft... Hooked onto 2 7/8 casing and pumped 5 bbl water to achieve circulation followed by 15 bbl gel sweep followed by 5 bbl water spacer and 85 sks of OWC.. Flushed pump and pumped plug to bottom and set float shoe.. M.I.T. on well @ 800 psi for 15 minutes.... 6 bbl slurry to pit... no water charge because we had water left of 80 vacs from plug job..

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Item Discount	Net Amou
c00101	Heavy Equip. One Way	mi	-	\$3.25	\$0.00		\$0
c00102	Light Equip. One Way	mi		\$1.50	\$0.00		\$0.
c23002	Cement Pump	ea	1.00	\$675.00	\$675.00	10.00%	\$607
c11100	Vacuum Truck 80 bbl	ea	1.00	\$84.00	\$84.00	10.00%	\$75.
c10900	Vacuum Truck 80 bbl	ea	1.00	\$84.00	\$84.00	10.00%	\$75
P01605	O.W.C. Cement	sack	85.00	\$17.95	\$1,525.75	10.00%	\$1,373
p01607	Bentonite Gel	lb	200.00	\$0.30	\$60.00	10.00%	\$54.
				2000.00			4.50
c24001	Cement Bulk Truck - Minimum	ea	1.00	\$300.00	\$300.00	50.00%	\$150.
p01631	Rubber Plug 2 7/8	ea	1.00	\$30.00	\$30.00	10.00%	\$27.
							0
ERMS: Cash in advar	Ince unless Hurricane Services Inc has approved credit prior to sale. Credit ved accounts are total invoice due on or before the 30th day from the date			Gross:	\$ 2,758.75	Net:	\$ 2,362.
f invoice. Past due ac	counts may pay interest on the balance past due at the rate of 1 %% per allowable by applicable state or federal laws if such laws limit interest to	Total	Taxable	\$ -	Tax Rate:	7.650%	
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 discouns 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.			ervice treatments de oduction on newly dr			Sale Tax:	\$ -
			wells are not taxable).		Total:	\$ 2,362.
			Date of Service: 8/21/2015				
		HSI Representative: Joe Blanchard				rd	
X	CUSTOMER AUTHORIZED AGENT	Custome	r Representative:			Tom Cain	
	Customer Comments or Concerns:						

	Operator Address City	JTC Oil, Inc. 35790 Plum Cre Osawatomie, KS		Lease Nam Well #	ne	Hahn BSI-HN7		
	Contractor Contractor License #	JTC Oil, Inc.	00004	Spud Date Cement Da		8/12/2015 8/21/2015		
	T.D.	540'		Location		Sec 23	T 18	R 21
	T.D. of pipe	524'			1727	feet from	N	line
	Surface pipe size	7"				feet from	W	line
	Surface pipe depth	20¹		County		Miami		
	Well Type	Injection		,				
	Driller's							
Thickness	Strata	From	To					
2	soil	0	2					
14	clay	2	16					
9	shale	16	25					
6	lime	25	31					
43	shale	31	74					
14	lime	74	88					
10	shale	88	98					
28	lime	98	126					
8	coal	126	134					
21	lime	134	155					
5	coal	155	160					
10	lime	160	170					
144	shale	170	314					
16	lime shale	314	330					
9	shale	330	339					
14	lime	339	353					
65	shale	353	418					
2	lime	418	420					
14	black shale	420	434					
16	lime	434	450					
11	shale	450	461					
1	lime	461	462					
3	coal	462	465					
5	lime	465	470					
5	shale	470	475					
2	oil sand	475	477	ok				
2	oil sand	477	479	good				
2	oil sand	479	481	good				
2	oil sand	481	483	good				
2	oil sand	483	485	ok				
2	sand/shale	485	487	broke				
11	shale	487	498					
42	black shale	498	540					

API#

15-121-31080-00-00

Operator License #

32834

Summary of Changes

Lease Name and Number: HAHN BSI-HN7

API/Permit #: 15-121-31080-00-00

Doc ID: 1308633

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	NAOMI JAMES	Karen Ritter

Approved Date 09/03/2015

Denied Date 06/07/2016

Electric Log Run? No Yes

Elogs_PDF

NEUTRON Save Link ../../kcc/detail/operatorE ../../kcc/detail/operatorE ditDetail.cfm?docID=12 ditDetail.cfm?docID=13

06/07/2016

GAMMA

08633 63195

Summary of Attachments

Lease Name and Number: HAHN BSI-HN7

API: 15-121-31080-00-00

Doc ID: 1308633

Correction Number: 1

Attachment Name

Cement Ticket

Drill Log