

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1352004

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 Bbls.	Gas Mcf	Water Bbls.	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	HICKS P-15
Doc ID	1352004

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	9.875	7	17	20	PORTLAND	4	O.W.C.
Production	5.625	2.875	6.5	536	PORTLAND	62	O.W.C



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER 50353
LOCATION Ottawa KS
FOREMAN Fred Maden

INVOICE # 809131

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-30-16	4015	Hicks # P-15	NW 26	17	25	
CUSTOMER JTC Oil Inc						
MAILING ADDRESS 35790 Plum Creek Rd						
CITY Oswatimie		STATE KS	ZIP CODE 66064			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			712	Frc Mad		
			495	Nar Brc		
			675	Ar1 Mac		
			804	Ala Mad		

JOB TYPE Longstring HOLE SIZE 6" HOLE DEPTH 560 CASING SIZE & WEIGHT 27# EUE
CASING DEPTH 536' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
DISPLACEMENT 3.1 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold Safety meeting. Establish pump rate. Mix & Pump 100# Gel
Flush. Mix & Pump 62 SKS Thixo Blend IA Cement 1/4" Cello Flake/SK
Cement to surface. Flush pump & lines clean. Displace 2 1/2" Rubber
Plug to casing TD. Pressure to 800# PSI. Release pressure to set
float valve.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE 495	1500.00	
CE0002	-	MILEAGE	N/C	
CE0711	1/2 Minimum	Ten Miles Delivery 804	330.00	
WE0853	1 hr	80 BBL Vac Truck 675	100.00	
		Sub Total	1930.00	
		Less 55%	-1061.50	868.50
CC5860	62 SKS	Thixo Blend IA Cement	1550.00	
CC5965	100 #	Bentonite Gel	30.00	
CC6075	16 #	Cello Flake.	22.00	
CP8176	1	2 1/2" Rubber Plug	45.00	
		Sub Total	1657.00	
		Less 55%	-911.35	745.65
		8%		
		SALES TAX		59.65
		ESTIMATED TOTAL		1673.00

Ravin 3737

AUTHORIZATION [Signature]

TITLE _____

DATE (3719 51)

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form



MIDWEST SURVEYS
LOGGING - PERFORATING - CONSULTING SERVICES
P.O. Box 68, Osawatomie, KS 66064
913 / 755 - 2128

GAMMA RAY / NEUTRON / CCL

File No.

Company JTC Oil, Inc.

Well Hicks No. P-15

Field Paola / Rantoul

County Miami State Kansas

Location 3505' FSL & 2819' FEL
NE-SE-NW

Sec. 36 Twp. 17s Rge. 21e

Permanent Datum GL

Log Measured From GL

Drilling Measured From GL

Date 12-30-2016

Run Number One

Depth Driller 560.0

Depth Logger 533.0

Bottom Logged Interval 532.0

Top Log Interval 20.0

Fluid Level Full

Type Fluid Water

Density / Viscosity NA

Salinity - PPM Cl NA

Max Recorded Temp NA

Estimated Cement Top 0.0

Equipment No. 102

Recorded By Gary Windisch

Witnessed By Tom Cain

BORE-HOLE RECORD

NO. BIT FROM TO SIZE WGT. FROM TO

One 9.875" 0.0 20.0 7.00" 0.0 20.0

Two 5.625" 20.0 500.0 2.875" 6.5# 0.0 535.0

API# 15-121-31,304

Other Services
Perforate

<<< Fold Here >>>

All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

Comments

Drilling Contractor :
JTC Oil, Inc.

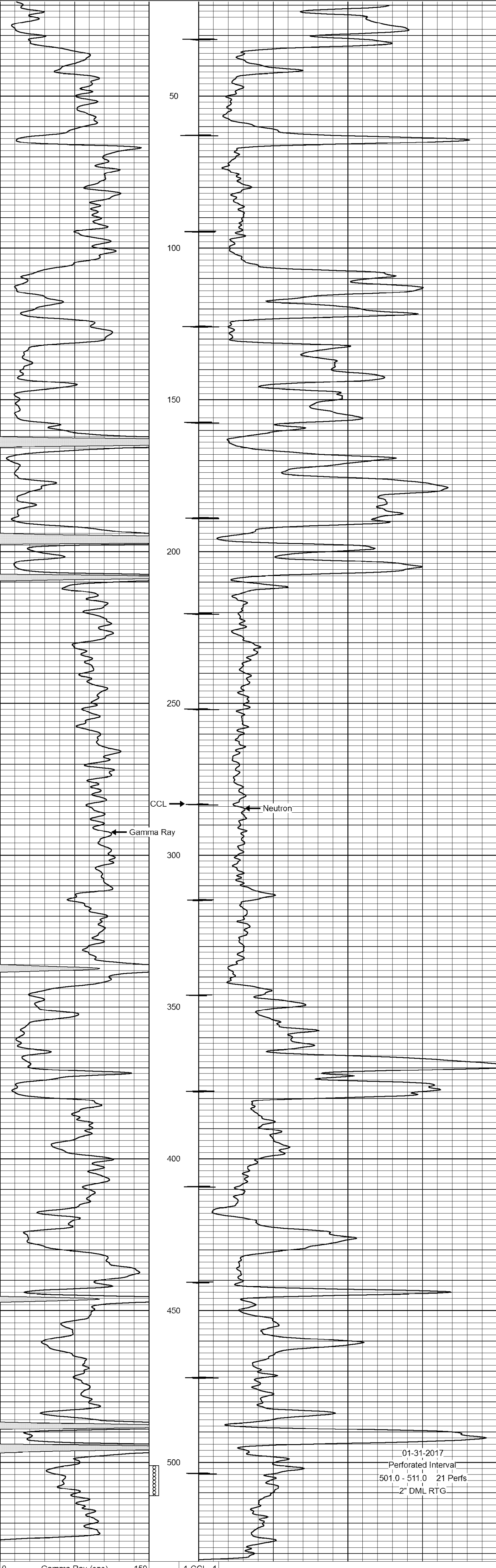
Database File: hicks 15p.db
Dataset Pathname: pass1
Presentation Format: gr-n-ccl
Dataset Creation: Fri Dec 30 10:42:46 2016 by Log SCH 111116
Charted by: Depth in Feet scaled 1:240

0 Gamma Ray (cps) 150
150 Gamma Ray (cps) 300

-1 CCL 1

Neutron (cps)

100 1900



0 Gamma Ray (cps) 150
150 Gamma Ray (cps) 300

-1 CCL 1

Neutron (cps)

100 1900

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Pat Apple, Chairman
Shari Feist Albrecht, Commissioner
Jay Scott Emler, Commissioner

Sam Brownback, Governor

April 17, 2017

TOM CAIN
JTC Oil, Inc.
35790 PLUM CREEK RD
OSAWATOMIE, KS 66064

Re: ACO-1
API 15-121-31304-00-00
HICKS P-15
NW/4 Sec.36-17S-21E
Miami County, Kansas

Dear TOM CAIN:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 11/05/2016 and the ACO-1 was received on April 16, 2017 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department