Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1352012

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 🗌 East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	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?
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)
Commingled Paymit #:	Chloride content: ppm Fluid volume: bbls
☐ Commingled Permit #: ☐ Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	·
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:

1352012

					1002	-0.2				
Operator Name:			Lease Name: _	Well #:						
Sec Twp	S. R [East West	County:							
INSTRUCTIONS: Sho open and closed, flowi and flow rates if gas to	ng and shut-in pressur	es, whether shut-in p	ressure reached sta	tic level, hydrost	atic pressures, b					
Final Radioactivity Log files must be submitted				ogs must be em	ailed to kcc-well-	-logs@kcc.ks.go	v. Digital electronic lo			
Drill Stem Tests Taken (Attach Additional S		Yes No		Log Formation (Top), Depth and Datur			n Sample			
Samples Sent to Geole	ogical Survey	Yes No	Nan	ne		Тор	Datum			
Cores Taken Electric Log Run		Yes No								
List All E. Logs Run:										
		CASIN	G RECORD N	ew Used						
			t-conductor, surface, in		tion, 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			
		ADDITIONA	AL CEMENTING / SQ	UEEZE RECORD)					
Purpose: Depth Top Bottom Top Bottom — Protect Casing Plug Back TD		Type of Cement			Type and Percent Additives					
Plug Off Zone										
Did you perform a hydrau Does the volume of the to Was the hydraulic fracturi	otal base fluid of the hydra	ulic fracturing treatment	_	Yes Yes Yes	No (If No,	skip questions 2 ar skip question 3) fill out Page Three				
Shots Per Foot		N RECORD - Bridge Pluotage of Each Interval Pe		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth						
	эреспу го	otage of Each interval Fe	enorated	(F	Amount and Kind of	wateriai Oseu)	Берш			
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes N	lo				
Date of First, Resumed I	Production, SWD or ENH	Producing Me	ethod:	Gas Lift	Other (Explain)					
Estimated Production Per 24 Hours	Oil Bb	ols. Gas	Mcf Wa	ter E	Bbls.	Gas-Oil Ratio	Gravity			
DISPOSITIO	ON OF GAS:		METHOD OF COMPL	ETION:		PDOD IOTI	ON INTERVAL.			
DISPOSITION Vented Sold	Used on Lease	Open Hole	Perf. Dual	y Comp. Co	ommingled	- HODUCII	ON INTERVAL:			
(If vented, Sub		Other (Specify)	(Submit	(Sui	bmit ACO-4) =					

Form	ACO1 - Well Completion
Operator	JTC Oil, Inc.
Well Name	CAYLOR I-1
Doc ID	1352012

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	9.875	7	17.0	20	PORTLAN D	4	O.W.C.
Production	5.625	2.875	6.5	540	PORTLAN D	62	O.W.C



Thysole

LOCATION O Howa KS

FOREMAN Fred Mader

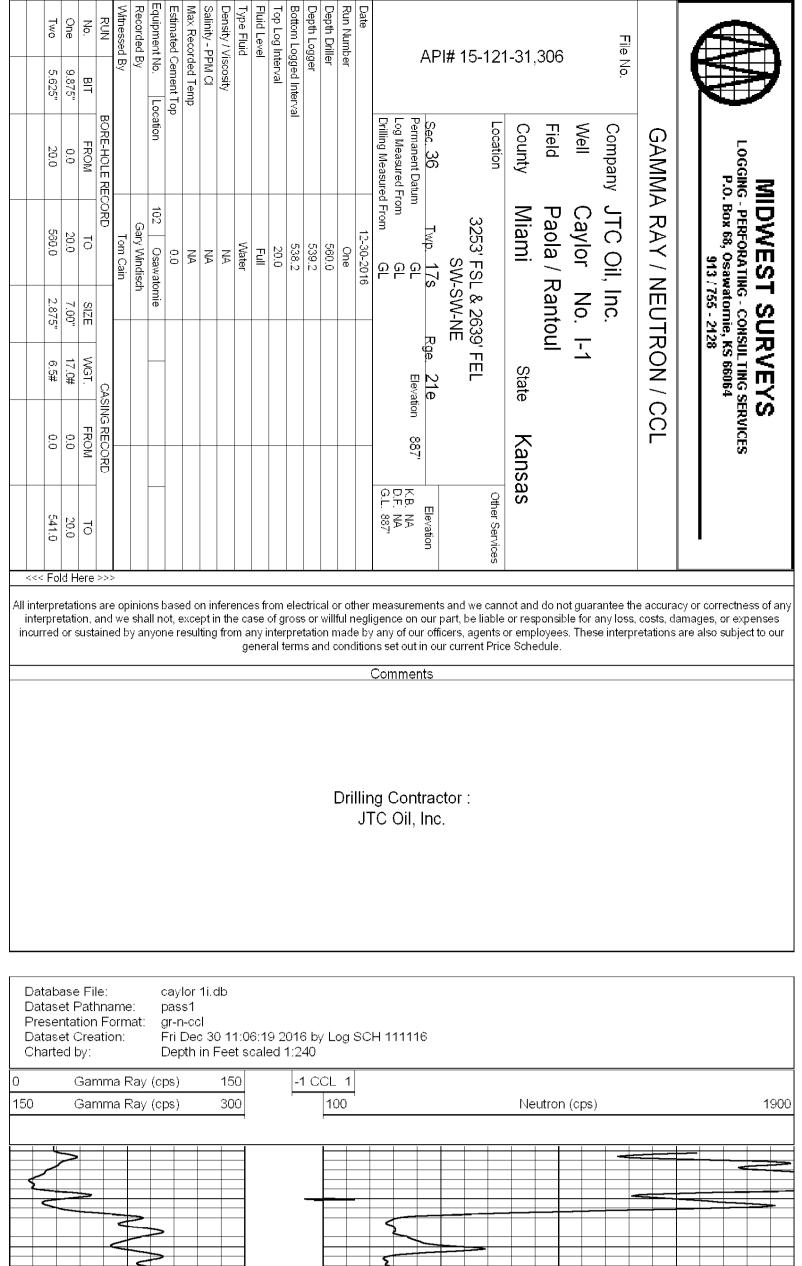
PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

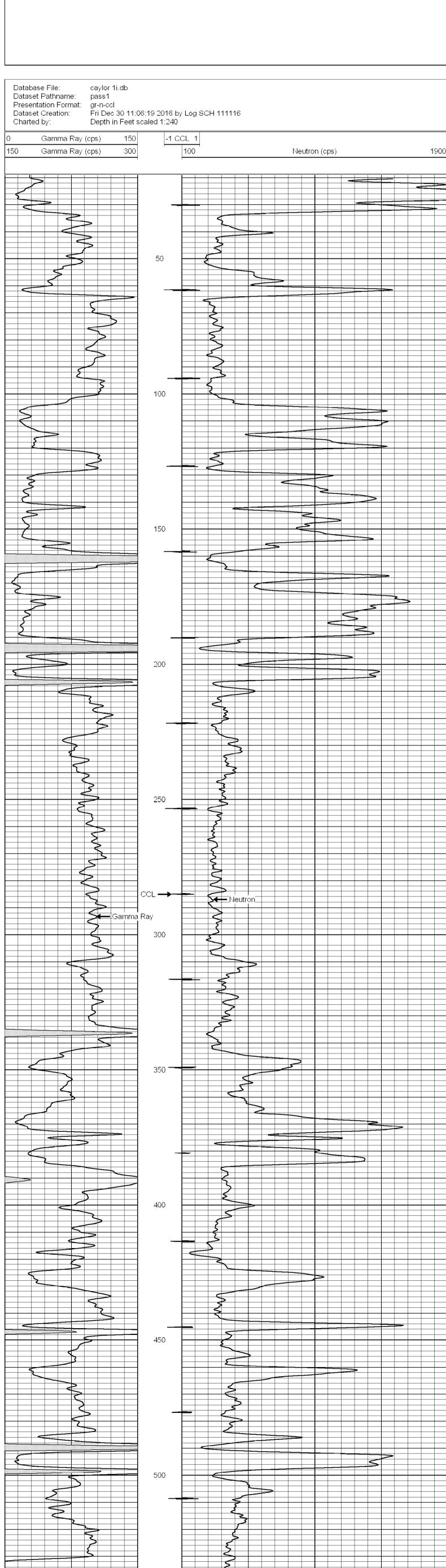
FIELD TICKET & TREATMENT REPORT

INVOICE #809 128

20-431-9210	N 800-407-8070		CE	MENI		lana Ca.	- 41 00 11	
DATE	CUSTOMER#	WELL	NAME & NUMBER	SECTION	NC	TOWNSHIP	RANGE	COUNTY
W-30-16	4015	Caylor	I.I	NW	36	17	21	mi
JSTOMER		-	Martin Company	7010		BOWER	TRUCK #	DDIVED
AILING ADDRE	C 0:1	Luc		TRUCK		DRIVER	TRUCK#	DRIVER
			p.i	7/2		Fre Mad		
3579	10 Plum	STATE I	ZIP CODE	498		Haibre	TOTAL TRANSPORT	
	s wanted by La				675			
OSawa		Ks	66064 HOLE	55		CASING SIZE & V	72	F115
	0 7	HOLE SIZE		DEPTH 550	-	CASING SIZE & V		503
ASING DEPTH		DRILL PIPE	TUBII		1000	NATIONAL A	OTHER	ND/
URRY WEIGH		SLURRY VOL	The same of the sa	ER gal/sk		CEMENT LEFT IN		Flig
	3.14BBL		State of the state	PSI		RATE 4BP	The state of the s	<i>y</i>
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press	ure to	Sex fl	out value.	10180101				
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	olon.					Fred Mas	tre	
ACCOUNT				SIND NOR			1	
CODE	QUANITY	or UNITS	DESCRIP	TION of SERVICES	or PRC	DOUCT	UNIT PRICE	TOTAL
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C6075	16	44	Cello Flak	<u> </u>			3300	
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		·				870	SALES TAX	596
in 3737		,				50	ESTIMATED	37-
	A	#					TOTAL	1688 65
								(37525

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





Gamma Ray (cps)
Gamma Ray (cps)

-1 CCL 1

Neutron (cps)

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



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

Sam Brownback, Governor

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

April 17, 2017

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

Re: ACO-1 API 15-121-31306-00-00 CAYLOR I-1 NE/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 11/04/2016 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