

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1360032
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: _____

1360032

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 <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:				

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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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DRILL LOG

Operator License# 32834

API # 15-059-27144

Operator _____ JTC Oil, Inc.

Lease Name BLUNK

Address

Well # I-11

Contractor JTC Oil, Inc.

Spud Date 2/4/17 Cement 2/7/17

Contractor License 32834

Location _____ of _____

T.D. 560 T.D. of Pipe 539

_____ feet from _____

Surf. Pipe Size 6 1/4 Depth 20 ft.

_____ feet from _____

Kind of Well INJECTOR

County Franklin

Thickness	Strata	From	To	Thickness	Strata	From	To
2	soil	0	2	23	lime	172	202
29	clay	2	31	5	coal	202	207
3	gravel	31	34	11	lime	207	218
19	lime	34	53	15	shale	218	373
24	shale	53	77	9	lime	373	382
6	lime	77	83	66	shale	382	448
34	shale	83	117	3	lime	448	451
17	lime	117	134	11	black shale	451	462
13	shale	134	147	2	lime	462	464
25	lime	147	172	11	shale	464	457
7	coal	172	179	2	soft lime o il	457	477good

<u>2</u>	<u>soft lime oil</u>	<u>477</u>	<u>479 good</u>
<u>3</u>	<u>lime</u>	<u>479</u>	<u>482</u>
<u>6</u>	<u>shale</u>	<u>482</u>	<u>488</u>
<u>2</u>	<u>oil sand</u>	<u>488</u>	<u>490 good</u>
<u>3</u>	<u>oil sand</u>	<u>490</u>	<u>493 very good</u>
<u>3</u>	<u>oil sand</u>	<u>493</u>	<u>496 very good</u>
<u>3</u>	<u>oil sand</u>	<u>496</u>	<u>499 very good</u>
<u>2</u>	<u>oil sand</u>	<u>499</u>	<u>501 ok</u>
<u>Shale</u>		<u>501</u>	<u>560</u>



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

**FIELD TICKET & TREATMENT REPORT
CEMENT**

7505 / 1402

TICKET NUMBER 50370
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

Invoice # 80952

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2/7/17	4015	Blunk # I-11	18	17	21	FR
CUSTOMER JTC Oil Inc.						
MAILING ADDRESS 35790 Plum Creek Rd						
CITY Osawatomie		STATE KS	ZIP CODE 66064			

TRUCK #	DRIVER	TRUCK #	DRIVER
729	✓ Casken	✓ Safety	✓ Maiting
467	✓ KoiCar	✓	✓
510	✓ Arl McD	✓	✓
369	✓ Mitehan	✓	✓

JOB TYPE longstring HOLE SIZE 10" HOLE DEPTH 560' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 540' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 3.13 blk DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 150 # Gel followed by 5 bbls fresh water, mixed + pumped 65 sks Thixoblend I Cement w/ 1/4 # Floreal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 3.13 bbls fresh water, pressured to 800 PSI, well held for 30 min MIT, released pressure, shut in casing.

Handwritten signature

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	✓
CE0002	—	MILEAGE	—	—
CE0711	1/3 min	ton mileage	220.00	✓
WE0853	1 hr	80 Vac	100.00	✓
		trucks	1820.00	✓
		- 55%	1001.00	✓
		Subtotal		819.00
272 CC5860	65 sks	Thixoblend I cement	1625.00	✓
CC5965	150 #	Gel	45.00	✓
CC6075	16 #	Floreal	32.00	✓
CP8176	1	2 1/2" rubber plug	45.00	✓
		materials	1747.00	✓
		- 55%	960.85	✓
		Subtotal		786.15
		8%		62.89
		SALES TAX		62.89
		ESTIMATED TOTAL		1668.04

Revin 3737
 AUTHORIZATION *Handwritten signature* TITLE _____ DATE (3706.76)

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.