

1371876

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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DRILL LOG

Operator License# 32834

API # 15-121-31351-00

Operator _____ JTC Oil, Inc.

Lease FEEBECK

Address _____

Well # C-1

Contractor JTC Oil, Inc.

Spud Date 9/1/17 Cement 9/5/17

Contractor License _____

Location _____ of _____

T.D. 460 T.D. of Pipe 442

_____ feet from _____

Surf. Pipe Size 7" Depth ft. 20 ft.

_____ feet from _____

Kind of Well PRODUCTION

County Miami

Thickness	Strata	From	To	Thickness	Strata	From	To
2	soil	0	2	6	coal	225	231
16	clay	2	18	11	lime	231	242
37	shale	18	55	108	shale	242	350
21	lime	55	76	32	lime/shale	350	382
22	shale	76	98	6	oil sand	382	388 broke
6	lime	98	104	3	oil sand	388	391 ok
42	shale	104	146	3	oil sand	391	394 good
14	lime	146	160	1	oil sand	394	395 good
36	shale	160	196	1	lime	395	396
11	coal	196	207	3	oil sand	396	399 ok
18	lime	207	225	3	oil sand	399	402 ok

3 shale 402 405

16 lime 405 421

39 shale 421 460



PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
620-431-8210 or 800-467-8576

8971 / 8805

TICKET NUMBER 53870
LOCATION Chanute KS
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9.5.17	7015	Feedback # C-1	S. 29	E 7	22	mi
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
JTC Oil Inc			712	Fred Mad		
MAILING ADDRESS			365	Art McD		
35790 Plum Creek Rd			675	Ken Dast		
CITY			545	Mickha		
STATE						
ZIP CODE						
Osawatimie						
KS						
66064						

JOB TYPE <u>long string</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>460</u>	CASING SIZE & WEIGHT <u>2 7/8 EUE</u>
CASING DEPTH <u>4256</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT IN CASING <u>2 1/2" Plug</u>
DISPLACEMENT <u>2,478 B</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>3 1/2 BPM</u>

REMARKS: Hold Safety meeting. Establish circulation. Mix Pump 100# Gal Flush. Mix + Pump 67 sks Thixobland II A-Cement w/ 1/2" Cellaflake/sk. Flush pump & lines clean. Displace 2 1/2" Rubber plug to casing top. Pressure to 600 PSI. Release pressure to set float valve. Shut in casing.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	366	1500.00
CE0002	-	MILEAGE	N/C	
CE0711	3 Miles	Tax Miles Delivery	545	220.00
WE0053	1 hr	BD BBL Vac TRUCK	675	100.00
		Sub Total		1820.00
		Less 600		720.00
CE0661	675 sks	Thixobland II A-Cement	180.00	12150.00
CC5965	100#	Bestonite Col	30.00	3000.00
CC6055	34#	Cellaflake	65.00	2205.00
CP8176	1	2 1/2" Rubber Plug	45.00	45.00
		Sub Total		19520.00
		Less 600		780.00
		SALES TAX		62.40
		ESTIMATED TOTAL		15720.00

Form 5737

AUTHORIZATION *Fred Maden* TITLE _____ DATE 9/5/17

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.