

1371881

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			
Geologist Report / Mud Logs	<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)*

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)</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 # 15-121-31352-00

Operator _____ JTC Oil, Inc.

Lease FEEBECK

Address _____

Well # C-2

Contractor JTC Oil, Inc.

Spud Date 8/31/17 Cement 9/5/17

Contractor License _____

Location _____ of _____

T.D. 420 T.D. of Pipe 409

_____ 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	22	lime	178	200
11	clay	2	13	5	coal	200	205
17	shale	13	30	11	lime	205	216
19	lime	30	49	108	shale	216	324
24	shale	49	73	32	lime/shale	324	356
5	lime	73	78	2	oil sand	356	358 ok
40	shale	78	118	3	oil sand	358	361 good
16	lime	118	134	2	oil sand soft	361	363 good
9	shale	134	143	3	oil sand soft	363	366 vgood
28	lime	143	171	3	oil sand soft	366	369 vgood
7	coal	171	178	2	oil sand soft	369	371 vgood

1	shale	371	372
3	lime	372	375
7	shale	375	382
19	lime	382	401
19	shale	401	420



PRESSURE PUMPING LLC
 PO Box 884, Chanute, KS 66720
 620-431-8210 or 800-467-8876

8990
 8864

TICKET NUMBER 53869

LOCATION Ottawa KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9.5.17	4015	Feedback # C-2	Sub 29	17	22	Mt
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
JTC Oil Inc			712	Fred Maden		
MAILING ADDRESS			365	Art McA		
35790 Plum Creek Rd			675	Kidder		
CITY	STATE	ZIP CODE	548	Mick Haa		
Oswatimie	KS	66064				

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 460 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 410 DRILL PIPE TUBING OTHER
 SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 2.3 BBL DISPLACEMENT PSI MIX PSI RATE 3 1/2 BPM

REMARKS: Hold Safety meeting. Establish pump rate. Mix + Pump 100#
 Get Flush. Mix + Pump 55 sks Thixoblend II A Cement -
 1/2" Celloflake/sk. Cement to surface. Flush pump + line clean
 Displace 2 1/2" Rubber plug to casing TD. 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 368	1500 ⁰⁰	
CE0002	-	MILEAGE	N/A	
CE0711	1/3 Minimum	Ten Miles Delivery 548	220 ⁰⁰	
WE0853	1 hr	80 BBL Vac. Truck 675	100 ⁰⁰	
		Sub Total	1820 ⁰⁰	
		Less 600		720 ⁰⁰
CC5965	55 sks	Thixoblend II A Cement	1485 ⁰⁰	
CC5965	100#	Bentonite Oil	30 ⁰⁰	
CC6075	25#	1/2" Celloflake	56 ⁰⁰	
CB5176	1	2 1/2" Rubber Plug	45 ⁰⁰	
		Sub Total	1616 ⁰⁰	
		Less 600		646 ⁴⁰
		SALES TAX		51 ²¹
		ESTIMATED TOTAL		1426 ⁴⁴
				(3565 ³⁰)

13841

Rev'n 3/37

AUTHORIZATION TITLE DATE

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.