



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](mailto: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 TCores aken <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
--	---

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)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--



## DRILL LOG

Operator License# 32834

API # 15-121-31349-00

Operator \_\_\_\_\_ JTC Oil, Inc.

Lease WINGERT

Address

Well # P-5

Contractor JTC Oil, Inc.

Spud Date 7/30/17 Cement 8/8/17

Contractor License 32834

Location \_\_\_\_\_ of \_\_\_\_\_

T.D. 720 T.D. of Pipe 702

\_\_\_\_\_ feet from \_\_\_\_\_

Surf. Pipe Size 6" Depth ft. 20 ft. w/3sx

\_\_\_\_\_ feet from \_\_\_\_\_

Kind of Well Production

County Miami

Thickness	Strata	From	To	Thickness	Strata	From	To
4	topsoil	0	4	3	lime	201	204
9	lime	4	13	39	shale	204	243
22	shale	13	35	15	lime	243	258
16	lime	35	51	12	shale	258	270
99	shale	51	150	27	lime	270	297
18	lime	150	168	8	coal	297	305
12	shale	168	180	22	lime	305	327
4	lime	180	184	5	coal	327	332
4	shale	184	188	17	lime	332	349
2	lime	188	190	125	shale	349	474
11	shale	190	201	4	red bed	474	478

<u>10</u>	<u>shale</u>	<u>478</u>	<u>488</u>
<u>20</u>	<u>lime/shale</u>	<u>488</u>	<u>508</u>
<u>5</u>	<u>lime/little ok</u>	<u>508</u>	<u>513</u>
<u>5</u>	<u>lime</u>	<u>513</u>	<u>518</u>
<u>47</u>	<u>shale</u>	<u>518</u>	<u>565</u>
<u>5</u>	<u>lime</u>	<u>565</u>	<u>570</u>
<u>14</u>	<u>shale</u>	<u>570</u>	<u>584</u>
<u>3</u>	<u>lime</u>	<u>584</u>	<u>587</u>
<u>17</u>	<u>black shale</u>	<u>587</u>	<u>604</u>
<u>2</u>	<u>lime</u>	<u>604</u>	<u>606</u>
<u>45</u>	<u>shale</u>	<u>606</u>	<u>651</u>
<u>2</u>	<u>oil sand</u>	<u>651</u>	<u>653 ok</u>
<u>2</u>	<u>oil sand</u>	<u>653</u>	<u>655 good</u>
<u>3</u>	<u>oil sand</u>	<u>655</u>	<u>678 good</u>
<u>62</u>	<u>shale</u>	<u>678</u>	<u>720 TD</u>

*u* *ll*



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

8261  
8050

TICKET NUMBER 53859  
 LOCATION Ottawa KS  
 FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT  
 CEMENT

INVOICE #810954

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-8-17	4015	Wingert # P-5	NW 9	17	22	Mi
CUSTOMER			TRUCK #			
JTC Oil Inc			DRIVER			
MAILING ADDRESS			TRUCK #			
35790 Plum Creek Rd			DRIVER			
CITY			TRUCK #			
Osawatimie			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
66064			DRIVER			

JOB TYPE Long string HOLE SIZE 6 1/4 HOLE DEPTH 740 CASING SIZE & WEIGHT 3 1/2" 10.2#/ft  
 CASING DEPTH 727 DRILL PIPE Pm in TUBING @ 717' OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 12'  
 DISPLACEMENT 6 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 48 PM

REMARKS: Hold safety meeting. Establish circulation. Mix & Pump 100\* Gel Flush. & Mix & Pump 67 SKS Thixo Blend II Cement w/ 1/2" Cello Flake /sk. Cement to surface. Flush pump & lines clean. Displace 3 1/2" Rubber plug to PM in casing. Pressure to 600\* PSI. Shut in Casing.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500.00
CE0002	20 mi	MILEAGE	495	142.00
CE0711	1/2 Milestone	Ton Miles Delivery	804	330.00
WE0853	1 1/2 hr	50 BBL Vac Truck.	369	150.00
		Sub Total		2123.00
		less 60%		1273.80
				849.20
1394 CC5861	67 SKS	Thixo Blend II Cement		1809.00
CC5965	100*	Bentonite Gel		300.00
CC6075	34**	Cello Flake		65.00
CP 8177	1	3 1/2" Rubber Plug		25.00
		Sub Total		1982.00
		less 60%		1189.20
				792.80

Ravin 3737

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 SALES TAX 8% ESTIMATED TOTAL 1705.42  
 (4263.50)

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.