KOLAR Document ID: 1377625

Confiden	tiality Requested
Yes	No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION Form ACO-1 November 2016 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

WELL	HISTORY -	DESCRIPT	NFII &	IFASE
VVELL		DESCRIPT		LEASE

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	
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: ()	
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:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
	Total Vertical Depth: Plug Back Total Depth:
	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
	If yes, show depth set: Feet
If Workover/Re-entry: Old Well Info as follows:	
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 EOR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
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 Drill Stem Tests Received				
Geologist Report / Mud Logs Received				
UIC Distribution				
ALT I II III Approved by: Date:				

KOLAR Document ID: 1377625

Operator Nam	ne:			Lease Name:	Well #:
Sec	Twp	S. R	East West	County:	

Page Two

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 Take	n		Yes	No			og	Formatio	n (Top), Depth	and Datum	Sample
(Attach Additional	Sheets)					Nam	-			Тор	Datum
Samples Sent to Geo TCores aken Electric Log Ri Geologist Rep List All E. Logs Run:	un		Yes Yes Yes Yes Yes	 □ No □ No □ No □ No 			0			ισρ	Datam
				CASING	RECORD	Ne	ew 🗌	Used			
			Report a	Il strings set-o					on, etc.		
		Size C Set (In		Weig Lbs. /			etting epth	Type of Cement	# Sacks Used	Type and Percent Additives	
			A			IG / SQL	JEEZE F	RECORD			
Purpose: Depth Perforate Top Bottom			Type of Cement		# Sacks	Used	Jsed Type and Percent Additives				
Protect Casing Plug Back TD											
Plug Off Zone	Plug Off Zone										
 Did you perform a hy Does the volume of t Was the hydraulic fra 	he total base flu	uid of the hydrau	ulic fractu	ring treatmen		-		Yes Yes Yes	No (If No,	skip questions 2 ar. skip question 3) fill out Page Three	
Date of first Production Injection:	/Injection or Re	sumed Producti	on/ Pi	roducing Metl	hod:	9	Gas Lift	0	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours		Oil Bbls.		Gas	Mcf	Water Bbls. Gas-Oil Ratio Gravity					
DISPOSIT	ION OF GAS:			Ν	METHOD OF	COMPLE	ETION:				DN INTERVAL: Bottom
Vented Sol	d Used of ubmit ACO-18.)	on Lease	Ope	n Hole	Perf.	Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)					
Shots Per F Foot	Perforation Top	Perforation Bottom	Bri	dge Plug Type	Bridge Plu Set At	ug Acid, Fracture, Shot, Cement (Amount and Kind of M					
TUBING RECORD:	Size:	Se	et At:		Packer At:						

Mail to: KCC - Conservation Division, 266 N. Main, Suite 220, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	JTC Oil, Inc.
Well Name	WINGERT P-5
Doc ID	1377625

Casing

		Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	6	15	20	Portland	3	NA
Production	5.625	3	8	727	Thixoblen d II	67	See Ticket

DRILL LOG

Operator License# 32834	API # 15-121-31349-00
OperatorJTC 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	То	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
<u>18</u>	lime	150	168	8	coal	297	305
<u>12</u>	shale	168	180	22	lime	305	327
4	lime	180	184	5	coal	327	332
<u>4</u>	shale	184	188	17	lime	332	349
2	lime	188	190	125	shale	349	474
11	shale	190	201	4	red bed	474	478

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

a le

Q	ES		(8101 5109	TICKET NUME	xtawa K	LS
PO Box 884, 620-431-92	RE PUMPING LLC Chanute, KS 667 10 or 800-467-867		CEMEN				154
DATE	CUSTOMER #	WELL NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
8.8.17	4015	Wingert # p.	5	NW9	15	22	mi
CUSTOMER		0			n an		
	TC Dil	Inc		TRUCK #	DRIVER	TRUCK #	DRIVER
		and a state of the		712	Fre Mad		
35	790 Plu	m Creek Rd		495	Hav Deco	sken	
CITY		STATE ZIP CODE		369	Mikhaa		
Osawat	omie	KS 66064		804	AlaMa		
JOB TYPE Lo	no string.	HOLE SIZE 6 14	HOLE DEPTH	740	CASING SIZE & W	EIGHT 324	10.2#1
CASING DEPTH	72.1	DRILL PIPE PM:n	TUBING	717		OTHER	1010/1
SLURRY WEIGH	п	SLURRY VOL	WATER gal/s	k	CEMENT LEFT in	CASING 12	
	1. BBL	DISPLACEMENT PSI	MIX PSI		RATE 4BPO		
REMARKS: H			blish	Arculat		0	. 4
	Flush	d als 10		sks This	ion mix	Fromp 1	
14 A	hi hi	lik & Pump	c r	. 100	to Bland H	(emot u	1
12 68	llo flake	15k. Coment to	Suvta	ice. Flu.	sh pump +	thes clee	the s
Disp	2.2 - 2.2	32 Rubber p	lug to	PM in (Tache M	ressure 1	to
600	PSL S	with the Casin	6		*		
				and the second second	Provide and some some	•	and Second Second

Fred made

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CEOYSO	1	PUMP CHARGE 495	15000	1
CEDOOZ	20 m.	MILEAGE 495	14200	
CEOTA +	12 Minineon	Ton Miles Delivere 804	330-	
WE OBS3	1 khr	50 BBL Vac Freek. 369	15000	
		Sub Total	212300	
		hess 60%	1273	84920
CC5861	67 5145	Third Blend I Coment	18095	P
cc 5965 1	100#	Bentonite Gel	3000	1
CC 6075	34#	Cello Flake	6800	
CP 8177	1	3/2" Rubber Alug	75 -	
		& Sub Total	1982=	
		hess 60%	118920	792.8
			· · ·	
		8%	SALES TAX	63 15
lavin 3737	A. Sol-		ESTIMATED TOTAL	17054
AUTHORIZTION	HAN COD	TITLE	DATE	(4263 55

3

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.