

Confidentiality Requested:

Yes No

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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)</i> <i>(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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PRESSURE PUMPING LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

9779
9609

TICKET NUMBER 53946

LOCATION Oswawa KS

FOREMAN Fred Mader

Invoice # 82106

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-21-17	4015	Waddle # I-2	SE 26	18	21	M1
CUSTOMER			TRUCK # DRIVER TRUCK # DRIVER			
JTC Oil Inc			712 / Fre Mad			
MAILING ADDRESS			495 / Mar Bee			
35790 Plum Creek Rd			675 / Kai Det			
CITY STATE ZIP CODE			503 / Mike Haa			
Oswawatomie KS 66064						

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 540' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 507' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 2.95 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 2 1/2 BPM

REMARKS: Hold Safety meeting. Establish circulation. Mix & Pump 100* Gel Flush. Mix & Pump 62 SKS Thixo Blend I Cement w/ 1/4" Cello Flake / sk. Cement to Surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 800* PSI. Monitor Pressure for 30 minute MIT. Release pressure to set float valve. Shut in casing.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500 ⁰⁰	
CE0002	-	MILEAGE	N/C	
CE0711	1/2 Minimum	Ten Miles Delivery	503	220 ⁰⁰
WE0853	1 hr	80 BBL Vac Truck	675	100 ⁰⁰
		Sub Total	1820 ⁰⁰	
		less 45%	819 ⁰⁰	1001 ⁰⁰
15210 CC5860	62 SKS	Thixo Blend I Cement	1550 ⁰⁰	
CC5965	100*	Bentonite Gel	30 ⁰⁰	
CC6075	16*	Cello Flake.	32 ⁰⁰	
CP8176	1	2 1/2" Rubber Plug	45 ⁰⁰	
		Sub Total	1657 ⁰⁰	
		less 45%	745 ⁶⁵	911 ³⁵
		6%	SALES TAX	72 ⁹¹
			ESTIMATED TOTAL	1985 ²⁶

Revin 3737

AUTHORIZATION _____ TITLE _____ DATE (360956)

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.

DRILL LOG

Operator License# 32834

API # 15-121-31430-00-00

Operator _____ JTC Oil, Inc.

Lease East Waddle

Address

Well # I-2

Contractor JTC Oil, Inc.

Spud Date 12/8/17 Cement 12/21/17

Contractor License 32834

Location _____ of _____

T.D. 540 T.D. of Pipe 507

_____ feet from _____

Surface Pipe: 20' of 7" w/3sx cement _____ feet from _____

Kind of Well Injection

County Miami

Thickness	Strata	From	To	Thickness	Strata	From	To
2	soil	0	2	22	lime	120	142
13	clay	2	15	5	coal	142	147
2	shale	15	17	10	lime	147	157
3	lime	17	20	144	shale	157	301
23	shale	20	43	23	lime/shale	301	324
3	lime	43	46	11	lime	324	335
13	shale	46	59	46	shale	335	381
15	lime	59	74	11	lime	381	392
10	shale	74	84	10	shale	392	402
28	lime	84	112	3	lime	402	405
8	coal	112	120	13	black shale	405	418

<u>12</u>	lime	418	430
<u>13</u>	shale	430	443
<u>2</u>	lime	443	445
<u>3</u>	coal	445	448
<u>4</u>	lime oil	448	452
<u>2</u>	shale	452	456
<u>2</u>	oil sand	456	458
<u>2</u>	oil sand	458	460 ok
<u>2</u>	oil sand	460	462 v good
<u>2</u>	oil sand	462	464 v good
<u>2</u>	oil sand	464	466 good
<u>2</u>	oil sand	466	468 ok
<u>2</u>	shale/sand	468	470 broke
<u>32</u>	shale	470	502
<u>21</u>	black shale	502	523
<u>8</u>	oil sand	523	531
<u>9</u>	shale	531	540