

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

10027
 9921

TICKET NUMBER 53967
 LOCATION Ottawa
 FOREMAN Alan Maden

FIELD TICKET & TREATMENT REPORT
 CEMENT Invoice #812441

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-12-18	4015	F. Waddle I-3	NE 26	18	21	M.

TRUCK #	DRIVER	TRUCK #	DRIVER
730	Alan Maden	54	Kei Det
495	Har Bed		
675	Kei Det		
548	Mik Heg		

CUSTOMER: JTC O:1
 MAILING ADDRESS: 35790 Plum Creek
 CITY: Oswagtonia STATE: KS ZIP CODE: 66064

JOB TYPE: long string HOLE SIZE: 5 7/8 HOLE DEPTH: 520 CASING SIZE & WEIGHT: 2 7/8
 CASING DEPTH: 500 DRILL PIPE: _____ TUBING: _____ OTHER: _____
 SLURRY WEIGHT: _____ SLURRY VOL: _____ WATER gal/sk: _____ CEMENT LEFT in CASING: yes
 DISPLACEMENT: 29 DISPLACEMENT PSI: 800 MIX PSI: 200 RATE: 4 bpm

REMARKS: Held meeting. Established rate & washed last joint into well. Mixed & pumped 150# gel to flush hole followed by 76 sk Thixo Blend I plus 1/4# flo seal per sack. Circulated cement to surface. Flushed pump. Pumped plug to casing TD. Well held 800 PSI for 30 minute MFT. Set float.

Esau + Austin

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500.00
LE0002	20	MILEAGE	495	14300.00
CE0711	min	ton miles	548	660.00
WR0853	3	80 val	675	300.00
		Sub		2603.00
		less 45%		-1171.35
				1431.65
15020 CC5860	76	Thixo Blend I		1900.00
CC5965	150#	gel		45.00
CP8176	1#	2 1/2 plug		45.00
CC6075	19#	flo seal		38.00
		Sub		2028.00
		less 45%		-912.60
				1115.40
		8%	SALES TAX	89.25
			ESTIMATED TOTAL	2636.30
				4793.25

Ravin 3737

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.

DRILL LOG

Operator License# 32834

API # 15-121-31431-00-00

Operator _____ JTC Oil, Inc.

Lease East Waddle

Address 35790 Plum Creek Rd. Osawatomie KS 66064 Well # I-3

Contractor JTC Oil, Inc.

Spud Date 12/19/7 Cement 12/21/17

Contractor License 32834

Location _____ of _____

T.D. 520 T.D. of Pipe 500

_____ feet from _____

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

Kind of Well Injector

County Miami

Thickness	Strata	From	To	Thickness	Strata	From	To
2	soil	0	2	5	red bed	297	302
13	clay	2	15	17	lime/shale	302	319
40	shale	15	55	14	lime	319	333
14	lime	55	69	10	shale	333	341
9	shale	69	78	5	semi	341	346
28	lime	78	106	29	shale	346	375
9	coal	106	115	11	lime	375	396
22	lime	115	137	15	shale	396	411
5	coal	137	142	3	lime	411	424
10	lime	142	152	18	shale	424	442
145	shale	152	297	2	lime	442	444

<u>4</u>	<u>lime oil</u>	<u>444</u>	<u>448</u>
<u>6</u>	<u>shale</u>	<u>448</u>	<u>454</u>
<u>2</u>	<u>oil sand</u>	<u>454</u>	<u>456 broken</u>
<u>1</u>	<u>oil sand</u>	<u>456</u>	<u>457 ok</u>
<u>2</u>	<u>oil sand</u>	<u>457</u>	<u>459 good</u>
<u>2</u>	<u>oil sand</u>	<u>459</u>	<u>461 broken</u>
<u>33</u>	<u>shale</u>	<u>461</u>	<u>494</u>
<u>26</u>	<u>black shale</u>	<u>494</u>	<u>520</u>

TD 520

Casing 500