KOLAR Document ID: 1415885

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 #	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: ()	□NE □NW □SE □SW				
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:				
☐ Oil ☐ WSW ☐ SWD	Elevation: Ground: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth:				
☐ Gas ☐ DH ☐ EOR					
☐ OG ☐ GSW	Amount of Surface Pipe Set and Cemented at: Feet				
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?				
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet				
•	If Alternate II completion, cement circulated from:				
Operator:	•				
Well Name:	feet depth to: 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. Twp. S. 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:						

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Page Two

Operator Name: _				Lease Name:	lame: Well #:				
SecTwp.	S. R.	Ea	ast West	County:					
	flowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,	
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.go\	. Digital electronic log	
Drill Stem Tests Ta			Yes No		_	on (Top), Depth ar		Sample	
Samples Sent to G	Geological Surv	ey	Yes No	Na	me		Тор	Datum	
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No						
		R			New Used	on, etc.			
Purpose of Strir		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
			ADDITIONAL	CEMENTING / S	QUEEZE RECORD	I			
Purpose:		epth Ty	pe of Cement	# Sacks Used	ed Type and Percent Additives				
Protect Casi									
Plug Off Zon									
 Did you perform a Does the volume o Was the hydraulic 	of the total base f	luid of the hydraulic	fracturing treatment	_	=	No (If No, sk	ip questions 2 an ip question 3) out Page Three (,	
Date of first Producti Injection:	ion/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other (Explain)			
				Gas-Oil Ratio	Gravity				
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			ON INTERVAL:	
	(Submit ACO-5) (Submit ACO-4)					Bottom			
,	, Submit ACO-18.)				· · · · · · · · · · · · · · · · · · ·				
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)				
TUBING RECORD:	Size:	Set /	At:	Packer At:					
. 5213 (1200) 10.	JIEG.			. 30.0.71					

Form	ACO1 - Well Completion
Operator	JTC Oil, Inc.
Well Name	HAYES P-4
Doc ID	1415885

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7	17	20	Portland	3	NA
Production	5.625	2.875	6.5	575	Thixoblen d I	70	See Ticket

DRILL LOG

Operator License# 32834	API # 15-121-31424-00-00			
OperatorJTC Oil, Inc.	Lease Hayes			
Address 35790 Plum Creek Rd. Osaw. KS	Well # P-4			
Contractor JTC Oil, Inc.	Spud Date 5/4/18 Cement 5/9/18			
Contractor License 32834	Location of			
T.D. 600 T.D. of Pipe 575	feet from			
Surf. Pipe Size 7" Depth ft. 20 ft. w/ 3sx cement	feet from			
Kind of Well Producer	County Miami			

Thickness	Strata	From	То	Thickness	Strata	F	rom	То
2	soil	0	2	21	lime	192	213	
12	clay	2	14	5	coal	213	218	
27	shale	14	41	14	lime	218	232	
19	lime	41	60	136	shale	232	368	
23	shale	60	83	5 lim	e/shale	368	373	
5	lime	83	88	2	lime	373	375	
43	shale	88	131	15	shale	375	390	
15	lime	131	146	28	lime	390	418	
10	shale	146	156	32	shale	418	450	
28	lime	156	184	8	lime	450	458	
8	coal	184	192	12	shale	458	470	

2	lime	470	472
15	black shale	472	487
4	lime	487	491
20	shale	491	511
3	lime	511	514
4	coal	514	518
13	shale	518	531
2	oil sand	531	533 ok
2	oil sand	533	535 very good
2	oil sand	535	537 very good
2	oil sand	537	539very good
2	oil sand	539	541 ok
39	shale	541	580



PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
620-431-9210 or 800-457-8678

AUTHORIZTION

5m - 10731 PO-1661 FT-10022

LOCATION OHALLA, ES
FOREMAN CASES FOREMAN

FIELD TICKET & TREATMENT REPORT

620-431-9210 or 800-467-8676 CEMENT DATE CUSTOMER# WELL NAME & NUMBER SECTION TOWNSHIP RANGE COUNTY 5/9/18 Haves # P-4 NW 29 17 CUSTOMER 22 MI TRUCK# TRUCK# DRIVER asken 35790 Plum Crack Rd ZIP CODE KS 126064 HOLE SIZE HOLE DEPTH CASING SIZE & WEIGHT DRILL PIPE TUBING OTHER SLURRY WEIGHT SLURRY VOL WATER gallsk DISPLACEMENT 3. 33 Hds DISPLACEMENT PSI CEMENT LEFT in CASING value. ACCOUNT QUANITY OF UNITS DESCRIPTION of SERVICES or PRODUCT CODE UNIT PRICE TOTAL PUMP CHARGE 500,00 20 mi MILEAGE 143,00 ton mileage 330.00 150.00 trucks 2123.00 CC5860 Sas Thixoblead 1 coursest 75000 200 # 25965 Hoso l 21/2" rubber pl naterials - 40% 756.40 Subtotal 1134.60 SALES TAX Ravin 3737 ESTIMATED TOTAL

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.

TITLE