

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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DRILL LOG

Operator License# 32834

API # 15-121-31521-00-00

Operator _____ JTC Oil, Inc.

Lease Wingert

Address 35790 Plum Creek Rd. Osaw. KS

Well # I-7

Contractor JTC Oil, Inc.

Spud Date 9/21/18 Cement 9/26/18

Contractor License 32834

Location _____ of _____

T.D. 740 T.D. of Pipe 718

_____ feet from _____

Surf. Pipe Size 7" Depth ft. 20 ft. w/ 3sx cement _____ feet from _____

Kind of Well Injection

County Miami

Thickness	Strata	From	To	Thickness	Strata	From	To
2	soil	0	2	12	shale	273	285
6	clay	2	8	28	lime	285	313
27	lime	8	35	8	coal	313	321
22	shale	35	57	19	lime	321	340
15	lime	57	72	5	coal	340	345
96	shale	72	168	14	lime	345	359
18	lime	168	186	140	shale	359	499
31	shale	186	217	17	lime/shale	499	516
4	lime	217	221	17	lime	516	533
38	shale	221	259	49	shale	533	582
14	lime	259	273	4	lime	582	586

<u>17</u>	<u>shale</u>	<u>586</u>	<u>603</u>
<u>3</u>	<u>lime</u>	<u>603</u>	<u>606</u>
<u>20</u>	<u>Black shale</u>	<u>606</u>	<u>626</u>
<u>3</u>	<u>lime</u>	<u>626</u>	<u>629</u>
<u>16</u>	<u>shale</u>	<u>629</u>	<u>645</u>
<u>3</u>	<u>lime</u>	<u>645</u>	<u>648</u>
<u>20</u>	<u>shale</u>	<u>648</u>	<u>668</u>
<u>3</u>	<u>oil sand</u>	<u>668</u>	<u>671 ok</u>
<u>2</u>	<u>oil sand</u>	<u>671</u>	<u>673 v good</u>
<u>3</u>	<u>oil sand</u>	<u>673</u>	<u>676 v good</u>
<u>3</u>	<u>oil sand</u>	<u>676</u>	<u>679 oil</u>
<u>61</u>	<u>shale</u>	<u>679</u>	<u>740</u>



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

11703
 11886

TICKET NUMBER 55463
 LOCATION Ottawa, Ks
 FOREMAN Carey Kennedy

FIELD TICKET & TREATMENT REPORT
 CEMENT

Invoice #814234

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
9/26/18	4015	Wingert # I-7	NW9	17	22	Mi			
CUSTOMER JTC Oil Inc.									
MAILING ADDRESS 35790 Plum Creek Rd									
CITY Osawatomie		STATE KS	ZIP CODE 66064						
		TRUCK #		DRIVER		TRUCK #		DRIVER	
		729		Cas Ken		Safety		Macking	
		467		Kei Car		✓			
		548		Har Bec		✓			
		675		Kei Det		✓			

JOB TYPE long string HOLE SIZE 5 7/8" HOLE DEPTH 740' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 720' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 4.17 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200# Gel followed by 5 bbls fresh water, mixed & pumped 62 stks Thixoblend II cement w/ 1# Phenoseal per sk, cement 1 to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 4.17 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure to set float valve.

Handwritten signature/initials

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	25 mi	MILEAGE	178.75	
CE0711	1/4 min	ten mileage	165.00	
WE0853	1 hr	80 Vac	100.00	
		trucks	1943.75	
		-45%	874.69	
		Subtotal		1069.06
CC5866	62 stks	Thixoblend II cement	1674.00	
CC5965	200 #	Gel	60.00	
CC6079	62 #	Phenoseal	83.70	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	1862.70	
		-45%	838.22	
		Subtotal		1024.48
		8%		81.96
		SALES TAX		81.96
		ESTIMATED TOTAL		2175.50
				(395.47)

SCANNED

Ravin 3737

AUTHORIZATION *AS 9/26*

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.