

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) (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>

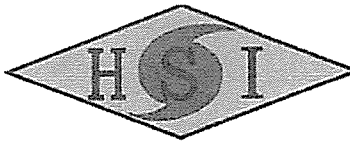
TUBING RECORD:	Size:	Set At:	Packer At:	
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Customer: JTC Oil		Lease & Well #: Mausellen I-1 & I-2		Date: 11/9/20		
Service District: Gamett		County & State: Fr. Ks.		Legals S/T/R: SW 9-16-21		
Job Type: Long string		<input type="checkbox"/> PROD <input checked="" type="checkbox"/> INJ <input type="checkbox"/> SWD		New Well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> No		
Ticket #: ICT4399						
Equipment #	Driver					
90	Alan Mader	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging	
239	Garrett Scott	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input checked="" type="checkbox"/> Fall Protection	
247	Casey Kenndy	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input checked="" type="checkbox"/> Specific Job Sequence/Expectations	
		<input type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input checked="" type="checkbox"/> Overhead Hazards	<input type="checkbox"/> Muster Point/Medical Locations	
		<input checked="" type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below		
Comments						
Cement 2 wells to surface with H854 Thixo.						
I-1 2 7/8 in 5 7/8. 717' in 740 hole.						
I-2 2 7/8 in 5 7/8 hole. 690 in 720. Customer supplied water.						
Product/Service Code						
		Unit of Measure	Quantity		Net Amount	
C010	Cement Pump Service	ea	2.00		\$900.00	
M010	Heavy Equipment Mileage	mi	40.00		\$120.00	
M025	Ton Mileage - Minimum	each	1.00		\$225.00	
CP060	H854 Thixo	sack	143.00		\$2,574.00	
CP095	Bentonite Gel	lb	400.00		\$90.00	
CP125	Pheno Seal	lb	143.00		\$187.69	
FE025	2 7/8" Rubber Plug	ea	4.00		\$120.00	
Customer Section: On the following scale how would you rate Hurricane Services Inc.?					Net:	\$4,216.69
Based on this job, how likely is it you would recommend HSI to a colleague?					Total Taxable	\$ -
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					Tax Rate:	
Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely					Sale Tax:	\$ -
					Total:	\$ 4,216.69
					HSI Representative: Alan Mader	

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

X _____ **CUSTOMER AUTHORIZATION SIGNATURE**



CEMENT TREATMENT REPORT

Customer: JTC Oil	Well: Mauselier I-1 & I-2	Ticket: ICT4399
City, State: Osawattomie, KS.	County: Fr. Ks.	Date: 11/9/2020
Field Rep: Austin	S-T-R: SW 9-16-21	Service: Long string

Downhole Information	
Hole Size:	5 7/8 in
Hole Depth:	740 ft
Casing Size:	2 7/8 in
Casing Depth:	717 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	
Tool Depth:	ft
Displacement:	bbls

Calculated Slurry - Lead	
Blend:	
Weight:	ppg
Water / Sx:	gal / sx
Yield:	ft ³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0.0 bbls
Excess:	
Total Slurry:	0.0 bbls
Total Sacks:	#DIV/0! sx

Calculated Slurry - Tail	
Blend:	
Weight:	ppg
Water / Sx:	gal / sx
Yield:	ft ³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0 bbls
Excess:	
Total Slurry:	0.0 bbls
Total Sacks:	#DIV/0! sx

TIME	RATE	PSI	BBLs	TOTAL BBLs	REMARKS
10:00 AM			-	-	Arrive on location. Hold safety meeting. Rig up.
10:00 AM	4.0	200.0		-	I-1 Established circulation. Mixed and pumped 200# gel to flush hole followed by 72 sacks H854 Thixo cement with 1# pheno se
		800.0		-	per sack. Circulated cement to surface. Flushed pump. Pumped 2 rubber plugs to casing TD. Well held 800 PSI. Set float.
11:00 AM	4.0	200.0		-	I-2 Established circulation. Mixed and pumped 200# gel to flush hole followed by 71 sacks H854 Thixo cement with 1# pheno se
		800.0		-	per sack. Circulated cement to surface. Flushed pump. Pumped 2 rubber plugs to casing TD. Well held 800 PSI for 30 minute
				-	MIT. Set float.
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CREW		UNIT	SUMMARY		
Cementer:	Alan Mader	90	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Garrett Scott	239	4.0 bpm	500 psi	- bbls
Bulk #1:	Casey Kenndy	247			
Bulk #2:					

DRILL LOG

Operator License# 32834

API # 15-059-27267-00-00

Operator _____ JTC Oil, Inc.

Lease Mauslein

Address 35790 Plum Creek Rd. Osaw. KS

Well # I-1

Contractor JTC Oil, Inc.

Spud Date 10/19/20 Cement 11/9/20

Contractor License 32834

Location _____ of _____

T.D. 740 T.D. of Pipe 717

_____ feet from _____

Surf. Pipe Size 7" Depth ft. 20 ft.

_____ feet from _____

Kind of Well Injector

County Franklin

Thickness	Strata	From	To	Thickness	Strata	From	To
3	soil	0	3	7	lime	256	263
11	clay	3	14	54	shale	263	317
4	shale	14	18	25	lime	317	342
16	lime	18	34	10	black shale	342	352
8	coal	34	42	19	lime	352	371
33	lime	42	75	4	coal	371	375
40	shale	75	115	17	lime	375	392
22	lime	115	137	143	shale	392	535
80	shale	137	217	20	lime shale	535	555
13	lime	217	230	3	oil sand	555	558
26	shale	230	256	12	oil sand	558	570

19	shale	570	589
5	lime	589	594
14	black shale	594	610
3	lime	610	613
17	black shale	613	630
5	lime	630	635
20	shale	635	655
2	oil sand	655	657
2	oil sand	657	659
3	oil sand	659	662
3	oil sand	662	665
3	oil sand	665	668
3	oil sand	668	671
3	oil sand	671	674
3	oil sand	674	677
26	shale	677	703
1	lime	703	704
36	black shale	704	740

TD 740

TD Pipe 717

Surber 10-19-20 TO 740 717 pipe

For KCC Use:
Effective Date: 10/18/2020
District #: 3
SGA? Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Long String
11-9-20

Form C-1
March 2010

Form must be Typed
Form must be Signed
All blanks must be Filled

NOTICE OF INTENT TO DRILL

Must be approved by KCC five (5) days prior to commencing well

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

Expected Spud Date: 10/15/2020
month day year

OPERATOR: License# 32834
Name: JTC Oil, Inc.
Address 1: 35790 PLUM CREEK RD
Address 2:
City: OSAWATOMIE State: KS Zip: 66064 + 4217
Contact Person: Tom Cain
Phone: 913-208-7914

CONTRACTOR: License#
Name: Advise on ACO-1 -- Must be licensed by KCC

Well Drilled For: Oil Gas Enh Rec Storage Disposal Seismic; # of Holes Other
Well Class: Infield Pool Ext. Wildcat Other
Type Equipment: Mud Rotary Air Rotary Cable

If OWWO: old well information as follows:
Operator:
Well Name:
Original Completion Date: Original Total Depth:

Directional, Deviated or Horizontal wellbore? Yes No
If Yes, true vertical depth:
Bottom Hole Location:
KCC DKT #:

Spot Description:
SW - NE - NW - SW Sec. 9 Twp. 16 S. R. 21
1985 feet from N / S Line of Section
4575 feet from E / W Line of Section
Is SECTION: Regular Irregular?

(Note: Locate well on the Section Plat on reverse side)
County: Franklin
Lease Name: Mauslein Well #: I-1
Field Name: Paola-Rantoul
Is this a Prorated / Spaced Field? Yes No

Target Formation(s): Squirrel
Nearest Lease or unit boundary line (in footage): 655
Ground Surface Elevation: 988 Estimated feet MSL
Water well within one-quarter mile: Yes No
Public water supply well within one mile: Yes No
Depth to bottom of fresh water: 100
Depth to bottom of usable water: 200
Surface Pipe by Alternate: I II
Length of Surface Pipe Planned to be set: 20
Length of Conductor Pipe (if any):
Projected Total Depth: 700
Formation at Total Depth: Squirrel

Water Source for Drilling Operations: Well Farm Pond Other
DWR Permit #:
(Note: Apply for Permit with DWR)
Will Cores be taken? Yes No
If Yes, proposed zone:

AFFIDAVIT

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55 et. seq.
It is agreed that the following minimum requirements will be met:
1. Notify the appropriate district office prior to spudding of well;
2. A copy of the approved notice of intent to drill shall be posted on each drilling rig;
3. The minimum amount of surface pipe as specified below shall be set by circulating cement to the top; in all cases surface pipe shall be set through all unconsolidated materials plus a minimum of 20 feet into the underlying formation.
4. If the well is dry hole, an agreement between the operator and the district office on plug length and placement is necessary prior to plugging;
5. The appropriate district office will be notified before well is either plugged or production casing is cemented in;
6. If an ALTERNATE II COMPLETION, production pipe shall be cemented from below any usable water to surface within 120 DAYS of spud date.
Or pursuant to Appendix "B" - Eastern Kansas surface casing order #133,891-C, which applies to the KCC District 3 area, alternate II cementing must be completed within 30 days of the spud date or the well shall be plugged. In all cases, NOTIFY district office prior to any cementing.

Submitted Electronically

For KCC Use ONLY
API # 15 - 15-059-27267-00-00
Conductor pipe required 0 feet
Minimum surface pipe required 20 feet per ALT. I II
Approved by: Rick Hestermann 10/13/2020
This authorization expires: 10/13/2021
(This authorization void if drilling not started within 12 months of approval date.)
Spud date: Agent:

Remember to:
- File Certification of Compliance with the Kansas Surface Owner Notification Act (KSONA-1) with Intent to Drill;
- File Drill Pit Application (form CDP-1) with Intent to Drill;
- File Completion Form ACO-1 within 120 days of spud date;
- File acreage attribution plat according to field proration orders;
- Notify appropriate district office 48 hours prior to workover or re-entry;
- Submit plugging report (CP-4) after plugging is completed (within 60 days);
- Obtain written approval before disposing or injecting salt water.
- If well will not be drilled or permit has expired (See: authorized expiration date) please check the box below and return to the address below.
Well will not be drilled or Permit Expired Date:
Signature of Operator or Agent:

9 16 21
E W