

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 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
 Operator JTC Oil, Inc.
 Address 35790 Plum Creek Rd
 Osawatomie, KS 66064

API # 15-121-31660-00-00
 Lease Name West Waddle
 Well 11
 Spud Date 11/11/21
 Cement Date 11/16/21

Contractor JTC Oil, Inc, 35790 Plum Creek Rd
 Osawatomie, KS 66064

County Miami

TD 580 TD of Pipe 568
 Surface Pipe 7" Depth 20 Ft w/3sx cement

Kind of Well Producer

Thickness	Strata	From	To
2	top soil	0	2
8	clay	2	10
13	lime	10	23
19	shale	23	42
5	lime	42	47
42	shale	47	89
16	lime	89	105
8	shale	105	113
31	lime	113	144
8	coal	144	152
23	lime	152	175
4	coal	175	179
15	lime	179	194
136	shale	194	330
5	red bed	330	335
23	lime shale	334	358
14	lime	358	372
3	shale	372	375
2	oil sand	375	377
2	oil sand	377	379
2	oil sand	379	381
32	shale	381	413
7	coal	413	420
7	lime	420	427
9	shale	427	438
4	lime	438	442
15	shale	442	457
6	lime	457	463
22	shale	463	485
2	lime	485	487
2	coal	487	489
4	lime	489	493
7	shale	493	500
3	oil sand	500	503
3	oil sand	503	506
3	oil sand	506	509
2	oil sand	509	511
69	shale	511	580



CEMENT TREATMENT REPORT

Customer: JTC Oil Inc	Well: West Waddle I-11, 11, I-10, 10	Ticket: EP3303
City, State: Osawatomie, KS	County: MI, KS	Date: 11/16/2021
Field Rep: Tom Cain	S-T-R: 23-18-21	Service: longstrings

Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	5 7/8 in	Blend:	Thixo 1# PS	Blend:	
Hole Depth:	ft	Weight:	13.70 ppg	Weight:	ppg
Casing Size:	2 7/8 in	Water / Sx:	9.19 gal / sx	Water / Sx:	gal / sx
Casing Depth:	ft	Yield:	1.85 ft³ / sx	Yield:	ft³ / sx
Tubing / Liner:	in	Annular Bbls / Ft.:	bbs / ft.	Annular Bbls / Ft.:	bbs / ft.
Depth:	ft	Depth:	ft	Depth:	ft
Tool / Packer:		Annular Volume:	0.0 bbls	Annular Volume:	0 bbls
Tool Depth:	ft	Excess:		Excess:	
Displacement:	bbls	Total Slurry:	bbls	Total Slurry:	0.0 bbls
		Total Sacks:	0 sx	Total Sacks:	0 sx

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
8:30 AM			-	-	on location, held safety meeting
4.0			-	-	#11 - established circulation, mixed and pumped 100# Bentonite Gel followed by 4 bbls fresh water
4.0			-	-	mixed and pumped 51 sks Thixo cement with 1# PhenoSeal per sk, cement to surface
1.0			-	-	flushed pump clean, pumped 2 2 7/8" rubber plugs to pin with 3.10 bbls fresh water, pressured to 400 PSI
4.0			-	-	well held pressure, shut in casing, washed up equipment
					560'/540'/535'
4.0			-	-	#11 - established circulation, mixed and pumped 100# Bentonite Gel followed by 4 bbls fresh water
4.0			-	-	mixed and pumped 58 sks Thixo cement with 1# PhenoSeal per sk, cement to surface
1.0			-	-	flushed pump clean, pumped 2 2 7/8" rubber plugs to pin with 3.21 bbls fresh water, pressured to 400 PSI
4.0			-	-	well held pressure, shut in casing, washed up equipment
					580'/560'/555'
4.0			-	-	#10 - established circulation, mixed and pumped 100# Bentonite Gel followed by 4 bbls fresh water
4.0			-	-	mixed and pumped 53 sks Thixo cement with 1# PhenoSeal per sk, cement to surface
1.0			-	-	flushed pump clean, pumped 2 2 7/8" rubber plugs to pin with 3.11 bbls fresh water, pressured to 400 PSI
4.0			-	-	well held pressure, shut in casing, washed up equipment
					560'/534'/538'
4.0			-	-	#10 - established circulation, mixed and pumped 100# Bentonite Gel followed by 4 bbls fresh water
4.0			-	-	mixed and pumped 56 sks Thixo cement with 1# PhenoSeal per sk, cement to surface
1.0			-	-	flushed pump clean, pumped 2 2 7/8" rubber plugs to pin with 3.17 bbls fresh water, pressured to 400 PSI
4.0			-	-	well held pressure, released pressure to set float valve, shut in casing, washed up equipment
					560'/552'/547'
11:30 AM					left location

CREW		UNIT	SUMMARY		
Cementor:	Casey Kennedy	89	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Garrett Scott	239	3.3 bpm	- psi	- bbls
Bulk:	Nick Beets	246			
H2O:	Pat Sanborn	123			