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Form ACO-1  
September 1999  
Form Must Be TypedKANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**WELL COMPLETION FORM**  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 32834  
 Name: JTC Oil, Inc.  
 Address: P.O. Box 24386  
 City/State/Zip: Stanley, KS. 66283  
 Purchaser: CMT **RECEIVED**  
 Operator Contact Person: Tom Cairn **KANSAS CORPORATION COMMISSION**  
 Phone: ( 913 ) 208-7914 **OCT 17 2008**  
 Contractor: Name: JTC Oil, Inc.  
 License: 32834 **CONSERVATION DIVISION**  
**WICHITA, KS**  
 Wellsite Geologist: \_\_\_\_\_

## Designate Type of Completion:

☒ New Well ☐ Re-Entry ☐ Workover  
☐ Oil ☐ SWD ☐ SIOW ☐ Temp. Abd.  
☐ Gas ☒ ENHR ☐ SIGW  
☐ Dry ☐ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_  
 Well Name: \_\_\_\_\_  
 Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_  
☐ Deepening ☐ Re-perf. ☐ Conv. to Enhr./SWD  
☐ Plug Back ☐ Plug Back Total Depth  
☐ Commingled ☐ Docket No. \_\_\_\_\_  
☐ Dual Completion ☐ Docket No. \_\_\_\_\_  
☐ Other (SWD or Enhr.?) ☐ Docket No. \_\_\_\_\_

8/4/08 8/6/08 9/6/08  
 Spud Date or Date Reached TD Completion Date or  
 Recompletion Date Recompletion Date

API No. 15 - 059-25364-00-00  
 County: Franklin 29  
 NW NE SW SW Sec. 32 Twp. 15 S. R. 21 ☒ East ☐ West  
1135 1142 feet from S / N (circle one) Line of Section  
4545 4333 feet from E / W (circle one) Line of Section  
 Footages Calculated from 1 KCC Nearest Outside Section Corner:  
 (circle one) NE SE NW SW  
 Lease Name: Moldenhauer North-KCC 2019 Well #: W-39  
 Field Name: Paola-Rantoul  
 Producing Formation: Squirrel  
 Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_  
 Total Depth: 830' Plug Back Total Depth: \_\_\_\_\_  
 Amount of Surface Pipe Set and Cemented at 21' Feet  
 Multiple Stage Cementing Collar Used? ☐ Yes ☒ No  
 If yes, show depth set \_\_\_\_\_ Feet  
 If Alternate II completion, cement circulated from 21'  
 feet depth to surface w/ 3 sx cmt.

## Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content 1500-3000 ppm Fluid volume 40 bbls  
 Dewatering method used on lease

Location of fluid disposal if hauled offsite:

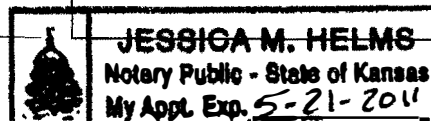
Operator Name: \_\_\_\_\_  
 Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
 Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West  
 County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Don DuskellTitle: Agent Date: 10/13/08Subscribed and sworn to before me this 13<sup>th</sup> day of October20 08  
Notary Public: J. HahnDate Commission Expires: 5-21-2011

## KCC Office Use ONLY

☐ Letter of Confidentiality ReceivedIf Denied, Yes ☐ Date: \_\_\_\_\_☐ Wireline Log Received☐ Geologist Report Received☐ UIC Distribution

Side Two

Operator Name: JTC Oil, Inc. Lease Name: Moldenhauer Well #: W-39  
 Sec. 32 Twp. 15 S. R. 21 ☒ East ☐ West County: Franklin

**INSTRUCTIONS:** Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken ☐ Yes ☒ No  
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☐ Yes ☒ No  
 (Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample  
 Name Top Datum

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CONSERVATION DIVISION  
 WICHITA, KS

| 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 |
| Surface                                                                   | 6 1/4" 9          | 6 1/4"                    |                   | 21'           | Portland       | 3            |                            |
| Completion                                                                | 5 5/8"            | 2 7/8"                    |                   | 816'          | portland       | 114          | 50/50 POZ                  |
|                                                                           |                   |                           |                   |               |                |              |                            |

| 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  |                  |                |             |                            |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br>(Amount and Kind of Material Used) | Depth |
|----------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------|
|                | Not available at this time                                                                |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |

| TUBING RECORD                                   |           | Size                                                                                                                                                          | Set At      | Packer At     | Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|--------------------------------------------------------------------|
| Date of First, Resumed Production, SWD or Enhr. |           | Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) |             |               |                                                                    |
| Estimated Production Per 24 Hours               | Oil Bbls. | Gas Mcf                                                                                                                                                       | Water Bbls. | Gas-Oil Ratio | Gravity                                                            |

Disposition of Gas ☐ Vented ☐ Sold ☐ Used on Lease (If vented, Submit ACO-18.) METHOD OF COMPLETION ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled ☐ Other (Specify) \_\_\_\_\_ Production Interval \_\_\_\_\_

Commenced Spudding:  
8/4/08

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# WELL LOG

[illegible]