

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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AUG 19 2010

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

KCC WICHITA ORIGINAL

OPERATOR: License # 32834
Name: JTC Oil, Inc.
Address 1: PO Box 24386
Address 2: _____
City: Stanley State: KS Zip: 66283 + _____
Contact Person: Patrick Everett
Phone: (913) 549-8442
CONTRACTOR: License # 32834
Name: JTC Oil, Inc.
Wellsite Geologist: NA
Purchaser: Pacer Energy Marketing, LLC.

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 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 ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

6-20-2010 6-21-2010 7-15-2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15-107-24173-00-00
Spot Description: _____
NW SE SW SE Sec. 16 Twp. 20 S. R. 22 East West
420 Feet from North / South Line of Section
1,755 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Linn
Lease Name: Feuerborn Well #: I-23
Field Name: Goodrich-Parker
Producing Formation: Squirrel
Elevation: Ground: 989 Kelly Bushing: NA
Total Depth: 640 Plug Back Total Depth: NA
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 20
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: 89 bbls
Dewatering method used: Used on Lease
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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.

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.

Signature: _____
Title: Authorized Agent Date: 8/17/10

KCC Office Use ONLY

Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: [Signature] Date: 8/24/10

Operator Name: JTC Oil, Inc. Lease Name: Feuerborn Well #: I-23

Sec. 16 Twp. 20 S. R. 22 East West County: Linn

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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

<p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i></p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i></p> <p>List All E. Logs Run: Gamma Ray / Neutron</p>	<p><input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample</p> <p>Name Top Datum</p> <p>No Geologist at well site</p>
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CASING RECORD <input checked="" 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	9	6 1/4		20	Portland	3	
Completion	5 5/8	2 7/8		621	Portland	118	50/50 Poz.

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
		RECEIVED AUG 19 2010 KCC WICHITA	

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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: <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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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JTC Oil, Inc.
 P.O. Box 24386
 Stanley, Kansas 66283

Cement Ticket

Invoice 010

Date	Customer #	Well Name and #	Sec	Town	Range	County
7/15/10	Inhouse	Fewborn J-23	16	20	22	Lin
Customer		JTC Oil, Inc.				

Mailing Address

City

State

Zip

Job Type	Casing	Hole Size	6	Hole Depth	640	Casing Size	2 7/8
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Casing Depth	621	Drill Pipe	—	Tubing	—	Cement Left in Casing	Yes
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Rate	4 BPM	Displacement	3.4 800psi	Misc.	
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Comments:

Mixed and Pumped 100# Gcl to flush hole followed by 118 SKS 50/50 poz, 2% Gel, 1/4 Pheno seal, circulated cement. Flushed Pump. Pumped plug to casing TD. Well held 800 PSI. Set Float. Closed Valve.

Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
	621	Casing		
	24#	Pheno Seal		
	238#	Gcl		
	118 SKS.	50/50 Poz.		
	1	2 1/2 Plug		

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Authorization

Title

Total