

RECEIVED

SEP 09 2010

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

RECEIVED

AUG 19 2010

KCC WICHITA ORIGINAL

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

OPERATOR: License # 32834
 Name: JTC Oil Inc.
 Address 1: P.O. 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

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 #: _____
 5/15/2010 5/16/2010 7-1-2010
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15-107-24161-00-00
 Spot Description: _____
NE NW NW NE Sec. 21 Twp. 20 S. R. 22 East West
5,080 Feet from North / South Line of Section
2,305 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Linn
 Lease Name: Ralph Nickell Sr Well #: 27
 Field Name: Goodrich-Parker
 Producing Formation: Squirrel
 Elevation: Ground: 969 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: 83 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: [Signature]
 Title: Authorized Agent Date: 9/1/10

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: DG Date: 8/24/10

Operator Name: JTC Oil Inc. Lease Name: Ralph Nickell Sr Well #: 27
 Sec. 21 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 Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E-Logs Run: Gamma Ray / Neutron	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum No Geologist at well site <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED SEP 09 2010 KCC WICHITA </div>
---	--

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		626	Portland	94	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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
		<div style="font-weight: bold; font-size: 1.5em;"> RECEIVED AUG 19 2010 KCC WICHITA </div>	

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: <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: _____ _____
---	---	--



CONSOLIDATED
Oil Well Services, LLC

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

RECEIVED

SEP 19 2010

KCC WICHITA

TICKET NUMBER 26960

LOCATION Ottawa

FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-1-10	4015	Nickells Jr 27	NE 21	20	22	WN
CUSTOMER JTC Oil						
MAILING ADDRESS P.O. Box 910			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Louisburg			STATE KS	ZIP CODE 66053		
			516	Alan M	Safety Meeting	
			362	Kent H		
			348	Cecil P	CHP	

JOB TYPE <u>long string</u>	HOLE SIZE	6	HOLE DEPTH	634	CASING SIZE & WEIGHT	2 7/8
CASING DEPTH	624	DRILL PIPE	TUBING			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk		OTHER		
DISPLACEMENT	3.6	DISPLACEMENT PSI	800	MIX PSI	200	CEMENT LEFT in CASING
REMARKS:	held crew meeting, Mixed & pumped 100 # gel to flush hole followed by 94 SK 50150 P02, 200 gel, 44 # phenoseal. Circulated cement. Flushed pump, pumped plug to casing TD. Well held 800 PSI. Set float & closed valve.		RATE	4 bpm		

JTC water

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
3401	1	PUMP CHARGE		
3406		MILEAGE		925.00
5402	624	Casing footage		
5407A	213.19	For mileage		255.83
1102A	24 #	Pheno seal		
1118B	258 #	gel	RECEIVED	27.60
1124	92 SK	50150 P02	AUG 19 2010	57.60
4402	1	2 7/8 plug	KCC WICHITA	905.28
		WD # 235093		23.00

Ravin 3737

AUTHORIZATION IL TITLE _____

SALES TAX 6342

ESTIMATED TOTAL ~~2251.78~~

DATE 2251.78

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.