

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

June 2009

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

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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 #: _____

5-7-10 5-9-10 7-16-10
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 107-24166-00-00

Spot Description: SW NE SW NE

SWNESWNE Sec. 21 Twp. 20 S. R. 22 ☒ East ☐ West

3490 Feet from ☐ North / ☒ South Line of Section

1965 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 #: I-32

Field Name: Goodrich-Parker

Producing Formation: Squirrel

Elevation: Ground: 954 Kelly Bushing: NA

Total Depth: 643 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: Surface

feet depth to: 20 w/ 3 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 #: _____

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: 10-11-10

KCC Office Use ONLY

- ☐ Letter of Confidentiality Received

Date: _____

- ☐ Confidential Release Date: _____

- ☒ Wireline Log Received

- ☐ Geologist Report Received

- ☒ UIC Distribution

ALT ☐ Y 11 ☐ _____

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Operator Name: **JTC Oil, Inc.** Lease Name: **Ralph Nickell Sr.** Well #: **I-32**
 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 Wire-line 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

Electric Log Submitted Electronically ☐ Yes ☒ No
 (If no, Submit Copy)

List All E. Logs Run:
Gamma Ray/ Neutron

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

Name Top Datum

No Geologist at Wellsite

CASING RECORD ☒ New ☐ 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	
Longstring	5 5/8	2 7/8		623	Portland	49	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 (Amount and Kind of Material Used)	Depth
2	Perf at 553.0 to 582.0	61 Perfs of 2" DML RTG 180 Phase	553-582

TUBING RECORD: Size: Set At: Packer At: Liner Run: ☐ Yes ☐ 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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: RECEIVED OCT 18 2010
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KCC WICHITA



JTC Oil, Inc.
P.O. Box 24386
Stanley, Kansas 66283

Cement Ticket

Invoice

Date	Customer #	Well Name and #	Sec	Town	Range	County
		Inhouse Ralph Nickell Sr. 1-32	21	20	22	Linn
Customer		JTC Oil, Inc.				
Mailing Address		P.O. Box 24386				
City		State		Zip		
Stanley		Kansas		66283		
Job Type		Hole Size	Hole Depth		Casing Size	
Longstring		6	643		2 7/8	
Casing Depth		Drill Pipe	Tubing		Cement Left in Casing	
623						
Rate 3.41		Displacement	Misc.			
800						
Comments:						
mixed and pumped 100# gel to Flush hole followed by 95 sks of 50/50 poz., 2% Gel, 24# phenosol, Circulated cement. Flushed, then 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
	623	Casing Footage				
	24#	Phenosol				
	238#	Gel				
	99	50/50 poz. Portland				
	1	2 1/2 plug				
					Total	

Authorization

Title

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