



KANSAS CORPORATION COMMISSION 1084692
OIL & GAS CONSERVATION DIVISION

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

OPERATOR: License # 32834
Name: JTC Oil, Inc.
Address 1: PO BOX 24386
Address 2: _____
City: STANLEY State: KS Zip: 66283 + _____
Contact Person: Tom Cain
Phone: (913) 208-7914
CONTRACTOR: License # 32834
Name: JTC Oil, Inc.
Wellsite Geologist: NA
Purchaser: _____

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 #: _____

<u>3/29/2012</u>	<u>4/11/2012</u>	<u>4/11/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-29013-00-00
Spot Description: _____
NE SE SE SW Sec. 22 Twp. 17 S. R. 22 East West
409 Feet from North / South Line of Section
2685 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Miami
Lease Name: ABC Well #: I-1
Field Name: Paola-Rantoul
Producing Formation: Squirrel
Elevation: Ground: 905 Kelly Bushing: 0
Total Depth: 400 Plug Back Total Depth: _____
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: _____
feet depth to: 20 w/ 3 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1500 ppm Fluid volume: 80 bbls
Dewatering method used: Evaporated
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

- Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garcia Date: 08/18/2012



1084692

Operator Name: JTC Oil, Inc. Lease Name: ABC Well #: I-1
 Sec. 22 Twp. 17 S. R. 22 East West County: Miami

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 <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no. Submit Copy)</i> List All E. Logs Run: GammaRay/Neutron/CCL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Gamma/Ray
--	--

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	7	10	20	Portland	3	50/50 POZ
Completion	5.6250	2.8750	8	375	Portland	61	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	331-341	2" DML RTG	10

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: _____ _____
--	--	---

JTC Oil, Inc.

Drillers Log

Well Name ABC 1-1

API# 15 15-121-29013-00-00

Surface Date 3/29/12 20 ft, 7"

Cement Date 4/11/12

Well Depth 400

Casing Depth 375

Cement Amounts

3 Sacks

Drillers Log

<u>Formation</u>	<u>Depth</u>	<u>Formation</u>	<u>Depth</u>
top soil	0		
me	10		
snate	20		
lime shale	38		
me	45		
snate	49		
me	84		
snate	98		
me	108		
black snate	135		
me	142		
top	165		
me	169		
snate	182		
red bed	314		
snate	318		
me	324		
snate	328		
red sand	330-332 broken		
	332-333 lime		
	333-334 ok		
	334-336 good		
	336-338 v good		
	338-340 v good		
	340-342 v good		
	342-344 good		
	344-346 v good		
	346-348 broken		
	348-350 lime		
lime	347		
shale	356		

Rbc I-1

stop drilling
casing pipe

400
375



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 36636

LOCATION Chanute, KS

FOREMAN Casey Kennedy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/11/12	4015	ABC #I-1	SW 22	17	22	MI
CUSTOMER JTC Oil Inc						
MAILING ADDRESS PO Box 734						
CITY Wellsville		STATE KS	ZIP CODE 66092			

TRUCK #	DRIVER	TRUCK #	DRIVER
481	Casken	ck	
368	Gar Moo	GM	
548	Mikhaa	MH	

JOB TYPE Logging HOLE SIZE 5 5/8" HOLE DEPTH 400' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 375' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2" plug
 DISPLACEMENT 2.18 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 1st sks 5/50 Pozmix cement w/ 2 7/8" Gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 2.18 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure, shut in casing.

[Handwritten signature]

Over #20

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	on lease	MILEAGE		1030.00
5402	375'	Casing footage		
5407	1/4 minimum	ton mileage		87.50
1124	61 sks	5/50 Pozmix cement		
1118B	203 #	Premium Gel		667.95
4402	1	2 1/2" rubber plug		42.63
				28.00
<u>249001</u>				

SCANNED

Rev 3/37

AUTHORIZATION [Signature]

TITLE _____

SALES TAX _____
ESTIMATED TOTAL 1911.84

DATE _____

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.