

KANSAS CORPORATION COMMISSION 1085316  
OIL & GAS CONSERVATION DIVISION  
**WELL COMPLETION FORM**  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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: 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    ☐ SLOW  
☐ 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>4/3/2012</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 - 15-121-29015-00-00  
Spot Description: \_\_\_\_\_  
NW SW SE Sec. 22 Twp. 17 S. R. 22 ☒ East ☐ West  
614 Feet from ☐ North / ☒ South Line of Section  
2434 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-3  
Field Name: Paola-Rantoul  
Producing Formation: Squirrel  
Elevation: Ground: 896 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 Gortao Date: 06/25/2012



1085316

Operator Name: JTC Oil, Inc. Lease Name: ABC Well #: I-3  
 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 <i>(Attach Additional Sheets)</i> <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       </div> Samples Sent to Geological Survey <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       </div> Cores Taken <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       </div> Electric Log Run <div style="display: flex; justify-content: flex-end;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No       </div> Electric Log Submitted Electronically <div style="display: flex; justify-content: flex-end;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No       </div> <i>(If no, Submit Copy)</i>  List All E. Logs Run:  GammaRay/Neutron/CCL	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Log         <span>Formation (Top), Depth and Datum</span> <input type="checkbox"/> Sample       </div> <div style="display: flex; justify-content: space-between;"> <span>Name</span> <span>Top</span> <span>Datum</span> </div> GammaRay
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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	7	10	20	Portland	3	50/50 POZ
Completion	5.6250	2.8750	8	376	Portland	61	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 (Amount and Kind of Material Used)	Depth
2	329-339	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: _____ _____
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## FIELD TICKET & TREATMENT REPORT CEMENT

FOREMAN Casey Kennedy  
PORT

JOB TYPE <u>longstring</u>	HOLE SIZE <u>5 5/8"</u>	HOLE DEPTH <u>400'</u>	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>
CASING DEPTH <u>376'</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>2 1/2" plug</u>
DISPLACEMENT <u>2.19 bbls</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>4 bpm</u>
REMARKS: <u>held safety meeting, established circulation, mixed + pumped 100# Premium Gel followed by 16 bbls fresh water, mixed + pumped 61 sks 2/50 Pozmix cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 2.19 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.</u>			

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030. <sup>00</sup>
5406	on lease	MILEAGE		
5402	376'	casing footage		
5407	1/4 minimum	ton mileage		87.50
1124	61 sts	50/50 Portex cement		617.95
1118B	203 #	Premium Gel		42.63
4402	1	2 1/2" rubber plug		28. <sup>00</sup>
SALES TAX				55.76
ESTIMATED TOTAL				1911.84

## AUTHORIZATION

**TITLE**

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.**

# JTC Oil, Inc.

## Drillers Log

Well Name ABC #3

API# 15 15-121-29008-00-00

Cement Amounts

Surface Date 4/3/12 20 ft, 7"

3 Sacks

Cement Date 4/11/12

Well Depth 400

Casing Depth 376

## Drillers Log

<u>Formation</u>	<u>Depth</u>	<u>Formation</u>	<u>Depth</u>
top soil	0		
lime	3		
black shale	40		
shale	44		
lime	75		
shale	89		
lime	108		
top oil lime	110-111 ok		
	111-112 shale		
	112-114 lime		
lime	112		
black shale	125		
lime	130		
coal	155		
lime	159		
shale	174		
lime	311		
shale	313		
top oil sand	321-322 v good		
	322-324 good		
	324-326 gooc		
	326-328 v good		
	328-330 v good		
	330-332 v good		
	332-334 gooc		
	334-336 v good		
	336-338 ok		
	338-340 lime		
lime	338		
shale	347		

abc #3

stop drilling	400
casing pipe	376