



KANSAS CORPORATION COMMISSION 1090553
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 #: _____

07/10/2012 07/11/2012 07/17/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-121-29184-00-00

Spot Description: _____

SE SW NE SW Sec. 22 Twp. 17 S. R. 22 East West
1520 Feet from North / South Line of Section
3320 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Miami

Lease Name: ABC Well #: 18

Field Name: _____

Producing Formation: Peru

Elevation: Ground: 902 Kelly Bushing: 906

Total Depth: 438 Plug Back Total Depth: 402

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: 0

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 Garrisor Date: 08/20/2012



1090553

Operator Name: JTC Oil, Inc. Lease Name: ABC Well #: 18
 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: Gamma Ray Neutron CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Gamma
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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
Production	5.625	2.875	8	402	Portland	48	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
2	344-358	2" DML RTG	14

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 <i>(Explain)</i> _____	
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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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DRILL LOG

Operator License# 32834

API # 15-121-29184-00-00

Operator JTC Oil, Inc.

Lease Name ABC

Address_P.O. Box 24386 ,Stanley, KS 66283

Well # 18

Phone 913-755-2959

Spud Date 7/10/12 Cement 7/17/12

Contractor License _____

Location _____ of _____

T.D. 438 T.D. of Pipe 402

_____ feet from _____

Surf. Pipe Size 6" Depth 20ft _____

_____ feet from _____

Kind of Well _____

County Miami

Thickness	Strata	From	To	Thickness	Strata	From	To
2	soil	0	2	17	lime	130	147
3	clay	2	5	8	black shale	147	155
7	shale	5	12	21	lime	155	176
22	lime	12	34	3	shale	176	179
8	shale	34	42	3	coal	179	182
2	lime	42	43	13	lime	182	195
14	shale	44	58	126	shale	195	321
6	lime	58	64	3	lime/shale	321	324
27	shale	64	91	8	shale	324	332
21	lime	91	112	4	red bed	332	336
9	shale	112	121	2	shale	336	338

<u>Thickness</u>	<u>Strata</u>	<u>From</u>	<u>To</u>	<u>Thickness</u>	<u>Strata</u>	<u>From</u>	<u>To</u>
7	lime	121	128	3	lime/shale	338-341	broken
1	lime/oil	128	129	3	mix	341-344	ok
1	lime/oil	129	130				
				3	oil/sand	344-347	good
				3	sand	347-350	vgood
				3	sand	350-353	vgood
				3	sand	353-356	v good
				2	sand	356-358	v good
				1	lime	358-359	
				2	oil	359-361	vgood
				2	oil sand	361-363	ok
				3	shale	363-366	
				6	lime	366-372	
					Shale	372-420	

Stop drilling 438

Casing pipe 402



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 37431
LOCATION Offshore
FOREMAN Alan Made

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
7-17-12	4015	ABC	18	SW 22	17	22	Mi
CUSTOMER				TRUCK #			
JTC Oil				516			
MAILING ADDRESS				DRIVER			
35688 Plum Creek				Alan Made			
CITY		STATE	ZIP CODE	TRUCK #		DRIVER	
Chanute, Mo		MO	64604	368		Alan Made	
JOB TYPE		HOLE SIZE	HOLE DEPTH	TRUCK #		DRIVER	
long string		4 7/8	438	369		Derick	
CASING DEPTH	DRILL PIPE	TUBING	OTHER	TRUCK #		DRIVER	
402				510		Derick	
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING				
2.3			yes				
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE				
	800	200	4 bpm				

REMARKS: Held crew meet. Established rate. Mixed & pumped 100# gel followed by 48 sk OWC plus 14# flo seal per sack. Circulated cement. Flashed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

JTC Drilling

Alan Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
3406	25	MILEAGE		100.00
5402	402	casing footage		
5407A	87.07	tan miles		116.67
5502C	1	80 val		90.00
1126	48	OWC		902.40
1125	100#	gel		21.00
1107	12#	flor seal		28.20
4422	1	2 1/2 plug		28.00
			SALES TAX	73.96
			ESTIMATED TOTAL	2390.23

Ravin 3737

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 for