



KANSAS CORPORATION COMMISSION 1088647
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 #: _____
05/27/2012 05/28/2012 06/04/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-121-29133-00-00

Spot Description: _____
NW NE SE SW Sec. 22 Twp. 17 S. R. 22 East West
1080 Feet from North / South Line of Section
3100 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Miami
Lease Name: ABC Well #: 12

Field Name: _____
Producing Formation: Squirrel

Elevation: Ground: 900 Kelly Bushing: 0

Total Depth: 418 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: _____ w/ _____ 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 Garrison Date: 08/10/2012



1088647

Operator Name: JTC Oil, Inc. Lease Name: ABC Well #: 12
 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 neutron cd	<input 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	383.5	Portland	53	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	350-360	2" DML RTG	10

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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JTC Oil, Inc.

Drillers Log

Well Name ABC # 12

API# 15 15-121-29133-00-00 Cement Amounts

Surface Date 5/27/12 6.5" 20 ft 3 Sacks

Cement Date 6/4/12

Well Depth 418

Casing Depth 383.5

Drillers Log

Formation	Depth	Formation	Depth
top soil	0		
lime	13		
mix	30		
shale	32		
lime	37		
shale	43		
mix	47		
lime	55		
shale	62		
lime	96		
mix	103		
lime	108		
shale	111		
lime	120		
mix	140		
shale	150		
mix	155		
black shale	175		
lime	200		
shale	203		
lime	210		
shale	214		
lime	218		
shale	220		
	233-236	little oil	
shale	238		
red bed	337		
	346-348	80%	
	348-350		
	350-352	80%	
	352-354	90%	
	354-356	80%	
	356-358	50%	

abc # 12

	358-360 80%
	360-362 15%
	362-364
stop drilling	418
casing pipe	383.5



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39835

LOCATION Oxtawa KS

FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/4/12	4015	ABC # P-12	SW 22	17	22	MI

CUSTOMER
JTC Oil Inc.

MAILING ADDRESS
35688 Plum Creek Rd

CITY Oswawatomie STATE KS ZIP CODE 66064

TRUCK #	DRIVER	TRUCK #	DRIVER
506	FREMAN	Safety	MJ
495	HARBEC	#B	
369	DERMAS	DM	
510	GETTUC	-ST	

JOB TYPE Long string HOLE SIZE 6" HOLE DEPTH 400' CASING SIZE & WEIGHT 2 3/8 EUE

CASING DEPTH 375' DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2" Plug

DISPLACEMENT 2.2 B DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix & Pump 100# Gal Flush. Mix & Pump
5ks OWC Cement. Cement to surface. Flush pump & lines
clean. Displace 2 1/2" Rubber plug to casing ID. Pressure to
800# PSI. Release pressure to set float valve. Shut in casing

Fred Maden

JTC Drilling

ACCOUNT CODE	QUANTITY OF UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	195	1020 ⁰⁰
5406		MILEAGE		N/C
5402	375	Casing footage		N/C
5407	1/3 minimum	Tax Miles	510	116 ⁶⁷
5502C	1 hr	80 BBL Vac Truck	369	90 ⁰⁰
1126	53 s/ks	OWC Cement		996 ⁴⁰
1118B	106#	Premium Gel		21 ⁰⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			755 ²⁰	
			SALES TAX	78 ²³
			ESTIMATED TOTAL	2361 ⁰⁹

Revin 9737

AUTHORIZATION 2e

TITLE 250336

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.