



KANSAS CORPORATION COMMISSION 1088639
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 #: _____

07/03/2012	07/04/2012	07/16/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-29187-00-00

Spot Description: _____
NE SW SW SE Sec. 22 Twp. 17 S. R. 22 East West
640 Feet from North / South Line of Section
2220 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Miami

Lease Name: ABC Well #: 16

Field Name: _____

Producing Formation: Squirrel

Elevation: Ground: 889 Kelly Bushing: 0

Total Depth: 398 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 Gamba Date: 08/10/2012



1088639

Operator Name: JTC Oil, Inc. Lease Name: ABC Well #: 16
 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 CCL	<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
Completion	5.625	2.875	8	374	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	320-330	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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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DRILL LOG

Operator License# 32834

API # 15-121-29187-00-00

Operator JTC Oil, Inc.

Lease Name ABC

Address_P.O. Box 24386 ,Stanley, KS 66283

Well # ^{ABC}~~25P~~ 16

Phone 913-755-2959

Spud Date_7/3/12_ Completed 7/16/12

Contractor License_____

Location_____ of_____

T.D. 398 T.D. of Pipe 374

_____ feet from _____

Surf. Pipe Size_7" Depth_____

_____ feet from _____

Kind of Well_____

County_Miami

<u>Thickness</u>	<u>Strata</u>	<u>From</u>	<u>To</u>	<u>Thickness</u>	<u>Strata</u>	<u>From</u>	<u>To</u>
<u>1</u>	<u>soil</u>	<u>0</u>	<u>1</u>				
<u>9</u>	<u>lime</u>	<u>1</u>	<u>10</u>				
<u>21</u>	<u>shale</u>	<u>10</u>	<u>31</u>				
<u>3</u>	<u>lime</u>	<u>31</u>	<u>34</u>				
<u>36</u>	<u>shale</u>	<u>34</u>	<u>70</u>				
<u>25</u>	<u>lime</u>	<u>70</u>	<u>85</u>				
<u>9</u>	<u>shale</u>	<u>85</u>	<u>94</u>				
<u>28</u>	<u>lime</u>	<u>94</u>	<u>122</u>				
<u>6</u>	<u>black shale</u>	<u>122</u>	<u>128</u>				
<u>21</u>	<u>lime</u>	<u>128</u>	<u>149</u>				
<u>2</u>	<u>shale</u>	<u>149</u>	<u>151</u>				

<u>Thickness</u>	<u>Strata</u>	<u>From</u>	<u>To</u>	<u>Thickness</u>	<u>Strata</u>	<u>From</u>	<u>To</u>
3	coal	151	154				
13	lime	154	167				
177	shale	167	284				
3	lime	284	287				
9	shale	287	306				
5	lime	306	311				
2	shale	311	313				
2	top oil sand	313-315					
3	mix-lime	315	318 good				
3	mix-lime	318-321	ok				
3	sand	321-324	v good				
3	sand	324-327	v good				
3	sand	327-330	v good				
2	lime	330-332	good				
1	shale	332-333					
9	lime	333-342					
6	lime/shale	342-348					
43	shale	348-391					
2	coal	391-393					
5	shale	393-398	stop drilling 398 casing pipe 374				

