

KANSAS CORPORATION COMMISSION 1088645
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 ☐ 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 #: _____

05/26/2012	05/27/2012	06/04/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-29134-00-00
Spot Description: _____
SW SE NE SW Sec. 22 Twp. 17 S. R. 22 ☒ East ☐ West
1520 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 #: 13
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 894 Kelly Bushing: 0
Total Depth: 298 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 Garbo Date: 08/10/2012



1088645

Operator Name: JTC Oil, Inc. Lease Name: ABC Well #: 13
 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> ☐ Yes ☒ No Samples Sent to Geological Survey ☐ Yes ☒ No Cores Taken ☐ Yes ☒ No Electric Log Run ☒ Yes ☐ No Electric Log Submitted Electronically ☒ Yes ☐ No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Neutron CCL	☐ Log Formation (Top), Depth and Datum ☐ Sample Name Top Datum Gamma
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CASING RECORD ☒ New ☐ 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	372	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	344-354	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

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> ☐ Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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JTC Oil, Inc.

Drillers Log

Well Name ABC # 13

API# 15 15-121-29134-00-00 Cement Amounts

Surface Date 5/26/12 6.5" 20 ft 3 Sacks

Cement Date 6/4/12

Well Depth 398

Casing Depth 372.7

Drillers Log			
Formation	Depth	Formation	Depth
top soil	2		
lime	3		
shale	25		
mix	27		
shale	28		
mix mostly shale	33		
lime	48		
shale	55		
lime	88		
shale	104		
lime	114		
mix	137		
shale	141		
lime	143		
black shale	165		
lime	170		
mix	172		
shale	177		
lime	181		
shale	186		
red bed	328		
top oil sand	336-338		
	338-340 25 %		
	340-342 60%		
	342-344 50%		
	344-346 75%		
	346-348 90%		
	348-350 80%		
	350-352 90%		
	352-354 90%		
	354-356 50%		
	356-358 lime		
shale	378		

abc #13

stop drilling	398
casing pipe	372.7



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

FIELD TICKET & TREATMENT REPORT

TICKET NUMBER 39855
LOCATION Ottawa KS
FOREMAN FRED MAUER

JTC Drilling

Leif Mader

[illegible]

Buy'n 9237

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.