



KANSAS CORPORATION COMMISSION 1088640
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 #: _____

<u>07/05/2012</u>	<u>07/06/2012</u>	<u>07/15/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-29188-00-00
Spot Description: _____
NE NW SW SE Sec. 22 Twp. 17 S. R. 22 East West
1080 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 #: 17
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 884 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 Garris Date: 08/10/2012



1088640

Operator Name: JTC Oil, Inc. Lease Name: ABC Well #: 17
 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 type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Gamma Ray
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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 <i>(Amount and Kind of Material Used)</i>	Depth
2	330-340	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 <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 # 15-121-29188-00-00

Operator JTC Oil, Inc.

Lease Name ABC

Address_P.O. Box 24386 ,Stanley, KS 66283

Well # ^{ABC}~~DSP~~ 17

Phone 913-755-2959
7/16/12

Spud Date 7/5/12 Cement

Contractor License _____

Location _____ of _____

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

_____ 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	13	lime	159	172
5	clay	2	7	138	shale	172	310
19	shale	7	26	3	red bed	310	313
1	lime	26	27	2 nd	oil sand	313-315	ok
6	lime shale	27	33	3	sand/lime	315-318	mix
3	lime	33	36	3	sand/lime	318-321	good
36	shale	36	72	3	sand	321-324	good
9	lime	72	87	3	sand	324-327	v
							<u>good</u>
9	shale	87	96	3	sand	327-330	good
27	lime	96	123	3	lime/shale	330-333	good

Core 4 BSP17

10 black shale 123 133 3 lime oil 333-336 good

Thickness Strata From To Thickness Strata From To

10 lime 133 154 2 sand 336-338v good

2 shale 154 156 3 sand 338-341 v good

3 coal 156 159

1 shale 341-342

9 lime 342-351

49 shale 351-400

Stop drilling 398

Casing pipe 374



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanuta, KS 66720
620-431-9210 or 800-467-8876

TICKET NUMBER 37428
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-15-12	4015	ABC #17	SE 22	17	22	Mi
CUSTOMER JTC Oil			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 35688 Plum Creek Rd			516	Alan Mader	Safety	Meet
CITY STATE ZIP CODE Osage, KS 66064			368	Art McD	AM	
JOB TYPE <u>long string</u> HOLE SIZE <u>6</u> HOLE DEPTH <u>398</u> CASING SIZE & WEIGHT <u>2 1/8</u>			369	Der Mag	DM	
CASING DEPTH <u>374</u> DRILL PIPE _____ TUBING _____ OTHER _____			510	Set Tyl	ST	
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING <u>yes</u>						
DISPLACEMENT <u>2.2</u> DISPLACEMENT PSI <u>800</u> MIX PSI <u>200</u> RATE <u>4 bpm</u>						

REMARKS: Hold crew meet. Established rate. Mixed & pumped 100# gel followed by sk OWC. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

JTC Drilling

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	1	MILEAGE		
5402	374	Casing footage		
5407A	87.06	Ton miles		116.66
5502L	1/2	80 UAL		135.00
1126	46	OWC		864.80
1118B	100#	gel		27.00
4422	1	2 1/2 plug		22.00
			SALES TAX	68.99
			ESTIMATED TOTAL	2264.45

Authorization *[Signature]* 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.

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