



KANSAS CORPORATION COMMISSION 1095005
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>08/18/2012</u>	<u>08/19/2012</u>	<u>08/28/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-29225-00-00

Spot Description: _____
NE SW NE SW Sec. 22 Twp. 17 S. R. 22 East West
1960 Feet from North / South Line of Section
3540 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Miami

Lease Name: ABC Well #: 30

Field Name: _____

Producing Formation: Peru

Elevation: Ground: 914 Kelly Bushing: 919

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: 0

feet depth to: 20 w/ 5 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: 10/11/2012



1095005

Operator Name: JTC Oil, Inc. Lease Name: ABC Well #: 30
 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 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Peru</td> <td>348</td> <td></td> </tr> </table>	Name	Top	Datum	Peru	348	
Name	Top	Datum					
Peru	348						

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	5	50/50 poz
production	5.625	2.875	8	396	portland	47	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

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 Bbbs.	Gas Mcf	Water Bbbs.	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: _____ _____
---	--	--

DRILL LOG

Operator License# _____

API 15-121-29225-00-00

Operator _____

Lease Name ABC

Address _____

Well # 30

Contractor JTC Oil, Inc.

Spud Date 8/18/12 Cement 8/28/12

Contractor License 32834
of _____

Location _____

T.D. 418 T.D. of Pipe 396

_____ feet from

Surf. Pipe Size 6.5 Depth 20

_____ feet from _____

Kind of Well _____

County Miami

Thickness	Strata	From	To	Thickness	Strata	From	To
20	soil/clay	0	20	1	shale	115	116
2	shale	20	22	5	lime	116	121
20	lime	22	42	9	shale	121	130
7	shale	42	44	28	lime	130	158
1	lime	44	45	7	black shale	158	165
6	shale	45	51	23	lime	165	188
3	lime	51	54	3	black shale	188	191
9	shale	54	65	5	lime	191	196
5	lime	65	70	1	shale	196	197
21	shale	70	91	7	lime	197	204

14	lime	91	105	124	shale	204	328
				5	lime	328	333
				3	shale	333	336
				7	red bed	336	343
				5	lime	343	348
				2	little sand	348	350
				2	better	350	352
				2	good	352	354
				2	broken up	354	356
				2	good	356	358
				2	good	358	360
				2	vgood	360	362
				2	vgood	362	364
				2	vgood	364	366
				2	vgood	366	368
				2	little	368	370
				8	lime	370	376
				2	shale	378	380
				10	lime	380	390
				28	shale	390	418



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39556
LOCATION Ottawa KS
FOREMAN Fred Maden

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/25/12	4015	ABC # P-30	SW 22	17	20	MI

CUSTOMER
JTC Oil Inc

MAILING ADDRESS
35688 Plum Creek Rd

CITY Ocmatoxia STATE KS ZIP CODE 66064

TRUCK #	DRIVER	TRUCK #	DRIVER
506	Fred Mad	Safety	MJ
495	Har. Bee	HB	
637	John Mad	JM	
54K	Mik Hoo	MH	

JOB TYPE Long string HOLE SIZE 6" HOLE DEPTH 418 CASING SIZE & WEIGHT 2 3/8 EUE

CASING DEPTH 396' DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2' Plug

DISPLACEMENT 2.3 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.3 PM

REMARKS: check casing depth w/wireline. Establish pump rate. Mix & pump 100# Cool Flush. Mix + Pump 5ks DWC Cement. Cement to surface. Flush pump + lines clean. Displace 2 1/2 Rubber plug to casing TD. Pressure to 500# PSI. Release pressure to set float valve. Shut in casing.

JTC Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	—	MILEAGE		4/K
5402	396	Casing Footage		116
5407	1/3 minimum	Ten Miles	548	116 ⁶⁷
5502C	1 1/2 hr	60 BBL Vac Truck	637	135 ⁰⁰
1126	51 SKS	DWC Cement		958 ⁰⁰
1118A	100#	Premium Gel		21 ⁰⁰
4402	1	2 1/2" Rubber plug		28 ⁰⁰
1107	13#	Flo Seal		305 ⁰⁰
			7.55%	SALES TAX 78 ⁴⁰
				ESTIMATED TOTAL 2398 ⁴²

Revin 3737

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

252443