



KANSAS CORPORATION COMMISSION 1095001
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>08/15/2012</u>	<u>08/16/2012</u>	<u>08/28/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-29222-00-00

Spot Description: _____
NE NW SE SW Sec. 22 Twp. 17 S. R. 22 East West
1080 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 #: 27

Field Name: _____
Producing Formation: Peru

Elevation: Ground: 913 Kelly Bushing: 917

Total Depth: 438 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 Gerritsen Date: 10/11/2012



1095001

Operator Name: JTC Oil, Inc. Lease Name: ABC Well #: 27
 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>338</td> <td></td> </tr> </table>	Name	Top	Datum	Peru	338	
Name	Top	Datum					
Peru	338						

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	412	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
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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> _____
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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)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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DRILL LOG

Operator License# _____ API 15-121-29222-00-00
 Operator _____ Lease Name ABC
 Address _____ Well # 27
 Contractor JTC Oil, Inc. Spud Date 8/15/12 Cement 8/28/12
 Contractor License __32834 Location _____
 of _____
 T.D. 438 T.D. of Pipe 412 _____ feet from _____
 Surf. Pipe Size _____ Depth _____ feet
 from _____
 Kind of Well _____ County Miami

Thickness	Strata	From	To	Thickness	Strata	From	To
14	clay/soil	0	14	12	shale	113	125
2	shale	14	16	11	lime	125	136
19	lime	16	35	4	shale	136	140
21	shale	35	56	12	lime	140	152
4	lime	56	60	8	black shale	152	160
3	shale	60	63	22	lime	160	182
5	lime	63	68	4	black shale	182	186
27	shale	68	95	4	lime	186	190
5	lime	95	100	2	shale	190	192
2	shale	100	102	1	lime	192	193

11	lime	102	113	1	shale	193	194
				6	lime	194	200
				30	shale	200	230
				2	lime	230	232
				103	shale	232	335
				3	red bed	335	338
				2	little	338	340
				2	little	340	342
				2	little	342	344
				2	better	344	346
				2	better	346	348
				2	better	348	350
				2	good	352	354
				2	good	354	356
				2	vgood	356	358
				2	vgood	358	360
				2	vgood	360	362
				2	good	362	364
				2	good	364	366
				14	lime	366	380
				50	shale	380	430
				8	lime	430	438



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39559
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-27	SW 22	17	22	m1

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
JTC Oil Inc	506	Fred Mad	Safety	Mdy
MILING ADDRESS	495	Har Bac	HB	
35688 Plum Creek Rd	675	Kei Dat		
CITY	503	Don Det		
STATE				
ZIP CODE				
OSAWATOMIE				
KS				
66064				

JOB TYPE Log string HOLE SIZE 6" HOLE DEPTH 438 CASING SIZE & WEIGHT 2 1/8 EOE
 CASING DEPTH 412 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2" Plug
 DISPLACEMENT 2.7 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Establish pump rate. Mix + Pump 100# Gel Flush. Mix + Pump
5ks OWC 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	1080 ⁰⁰
5406	—	MILEAGE		N/C
5402	412	Casing footage		N/C
5407	1/3 minimum	100 Miles	503	116 ⁶⁷
5502C	1 1/2 hr	80 BBL Vac Truck	675	135 ⁰⁰
1126	51 SKS	OWC Cement		958 ⁸⁰
116B	100*	Premium Gel		21 ⁰⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
1107	13*	Flo Seal		30 ³⁵
			7.55%	SALES TAX
				ESTIMATED TOTAL
				78 ⁴⁰
				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

252444