



KANSAS CORPORATION COMMISSION 1094999
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 SLOW
- 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>08/23/2012</u>	<u>08/24/2012</u>	<u>08/31/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-29220-00-00

Spot Description: _____
NE SW SE SW Sec. 22 Twp. 17 S. R. 22 East West
640 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 #: 24

Field Name: _____

Producing Formation: Peru

Elevation: Ground: 913 Kelly Bushing: 917

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 Garrison Date: 10/11/2012



1094999

Operator Name: JTC Oil, Inc. Lease Name: ABC Well #: 24
 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 Peru 330
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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	5	50/50 poz
Production	5.625	2.875	8	385	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 (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# _____

API 15-121-29220-00-00

Operator _____

Lease Name ABC

Address _____

Well # 24

Contractor JTC Oil, Inc.

Spud Date 8/23/12 Cement 8/31/12

Contractor License __32834
of _____

Location _____

T.D 418 T.D. of Pipe 385.5 _____ feet from

Surf. Pipe Size 6.5 Depth 385.5 _____ feet from

Kind of Well _____

County Miami

Thickness	Strata	From	To	Thickness	Strata	From	To
10	clay/soil	0	10	6	black shale	145	151
18	lime	10	28	18	lime	151	169
5	shale	28	33	6	black shale	169	175
2	lime	33	35	7	lime	175	182
13	shale	35	48	2	shale	182	184
10	lime	48	58	7	lime	184	191
27	shale	58	85	131	shale	191	322
6	lime	85	91	6	red bed	322	328
2	shale	91	93	2	lime	328	330
14	lime	93	107				

8 shale 107 115

30 lime 115 145

2	little	330	332
2	little	332	334
2	better	334	336
2	better	336	338
2	little	338	340
2	good	340	342
2	good	342	344
2	vgood	344	346
2	vgood	346	348
2	good	348	350
2	vgood	350	352
2	vgood	352	354
2	good	354	356
19	shale	356	375
42	shale	375	417
1	lime	417	418



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 39623

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/31/12	4015	ABC # P-24	SW 22	17	22	MI
CUSTOMER			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS			506 Fred Mad Safety Mfg			
CITY			495 Har Bee NB			
STATE			505/T106 Jas Ric JR			
ZIP CODE			510 Set Tuc ST			
O sawatomie						
KS						
66064						

JTC Oil Inc
35688 Plum Creek Rd
JOB TYPE long string HOLE SIZE 6 HOLE DEPTH 418 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 386 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
DISPLACEMENT 2.24 BPM DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish pump rate. Mix + Pump 100 # Gal Flush. Mix + Pump
5ks OWC Cement 14" Flo Seal/sk. Cement to surface. Flush
pump + lines clean. Displace 2 1/2" Rubber Plug to casing TD.
Pressure to 700* PSI. Release pressure to set float valve
Shut in Casing

JTC Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406		MILEAGE		N/C
5402	386	Casing Footage		N/C
5407	1/4 Minimum	Ten Miles	510	87 ⁵⁰
5501C	1 1/2 hr	Transport	505/7106	168 ⁰⁰
1124	47 SKS	OWC Cement		883 ⁶⁰
111EB	100#	Premium Coal		21 ⁰⁰
1107	12#	Flo Seal		28 ²⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.558	SALES TAX
				ESTIMATED
				TOTAL

Rev 3737

AUTHORIZATION 2L TITLE _____ DATE _____

2318⁸⁴

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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