



KANSAS CORPORATION COMMISSION 1097364  
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 (Corr, 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 #:

09/12/2012	09/13/2012	09/20/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-107-24640-00-00  
Spot Description:  
SE SE SE NW Sec. 21 Twp. 20 S. R. 22  East  West  
2850 Feet from  North /  South Line of Section  
3084 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Linn  
Lease Name: Cox Well #: 25  
Field Name:  
Producing Formation: squirrel  
Elevation: Ground: 928 Kelly Bushing: 931  
Total Depth: 660 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: 1200 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: 10/24/2012



1097364

Operator Name: JTC Oil, Inc. Lease Name: Cox Well #: 25  
 Sec. 21 Twp. 20 S. R. 22  East  West County: Linn

**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 Squirrel
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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	648	portland	98	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)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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## DRILL LOG

Operator License# \_\_\_\_\_

API 15-107-24640-00-00

Operator \_\_\_\_\_

Lease Name Cox

Address \_\_\_\_\_

Well # 25

Contractor JTC Oil, Inc.

Spud Date 9/12/12 Cement 9/20/12

Contractor License\_\_ 32834

Location \_\_\_\_\_ of \_\_\_\_\_

T.D. 660 T.D. of Pipe 648

\_\_\_\_\_ feet from \_\_\_\_\_

Surf. Pipe Size\_\_ 7 \_\_\_\_\_ Depth\_\_ 20ft. \_\_\_\_\_

\_\_\_\_\_ feet from \_\_\_\_\_

Kind of Well \_\_\_\_\_

County Linn

Thickness	Strata	From	To	Thickness	Strata	From	To
10	soil/clay	0	10	3	lime	327	330
3	lime	10	13				
52	shale	13	65	14	shale	330	344
9	lime	65	74	3	lime	344	348
9	shale	74	83	2	shale	348	350
40	lime	83	123	10	lime	350	360
3	black shale	123	126	55	shale	360	415
22	lime	126	148	12	lime	415	427
4	black shale	148	152	3	shale	427	430
20	lime	152	172	1	lime	430	431
155	shale	172	327	11	shale	431	442

4	lime	442	446
29	black shale	446	475
9	lime	475	484
2	shale	484	486
1	lime	486	487
17	shale	487	504
8	lime	504	512
5	black shale	512	517
6	lime	517	523
30	shale	523	553
2	little oil sand	553	555
2	little oil sand	555	557good
2		557	559better
2		559-561	good
2		561-563	better
2		563-565	good
2		565-567	sandy shale
2		567-569	good sand
2		569-571	good
2		571-573	vgood
2		573-575	vgood
2		575-577	vgood

<u>2</u>	<u>577-579good</u>
<u>2</u>	<u>579-581vgood</u>
<u>2</u>	<u>581-583vgood</u>
<u>2</u>	<u>583-585vgood</u>
<u>2</u>	<u>585-587vgood</u>
<u>2</u>	<u>587-589vgood</u>
<u>2</u>	<u>589-591goodshaley</u>
<u>2</u>	<u>591-593good</u>
<u>2</u>	<u>593-595little</u>
<u>2</u>	<u>595-597 good</u>
<u>2</u>	<u>597-599good</u>
<u>2</u>	<u>599-601little</u>
<u>2</u>	<u>601-603little</u>
<u>2</u>	<u>603-605little</u>
<u>2</u>	<u>605-607</u>
<u>6</u>	<u>607-613 shale</u>
<u>2</u>	<u>613-615 lime</u>
<u>11</u>	<u>615-626 shale</u>
<u>33</u>	<u>626-659 lime</u>



**CONSOLIDATED**  
OIL WELL SERVICES, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

**MAIN OFFICE**  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
Fax 620/431-0012

**INVOICE**

Invoice # 253160

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Invoice Date: 09/25/2012      Terms: 0/0/30,n/30      Page 1

AG OIL, LLC  
300 S/E 21ST STREET  
TOPEKA KS 66607  
(785)232-1116

COX #25  
36532  
21-20-22  
09-20-2012  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	98.00	10.9500	1073.10
1118B	PREMIUM GEL / BENTONITE	398.00	.2100	83.58
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

  

Description	Hours	Unit Price	Total
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	22.50	4.00	90.00
558 MIN. BULK DELIVERY	.50	350.00	175.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

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Parts: 1184.68      Freight: .00      Tax: 74.64      AR      2734.32  
Labor: .00      Misc: .00      Total: 2734.32  
Sublt: .00      Supplies: .00      Change: .00  
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Signed \_\_\_\_\_ Date \_\_\_\_\_

BARTLESVILLE, OK 918/338-8808      EL DORADO, KS 316/322-7022      EUREKA, KS 620/583-7664      PONCA CITY, OK 580/762-2303      OAKLEY, KS 785/672-2227      OTTAWA, KS 785/242-4044      THAYER, KS 620/839-5269      GILLETTE, WY 307/688-4914

