



KANSAS CORPORATION COMMISSION 1089007
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>7/11/2012</u>	<u>7/16/2012</u>	<u>7/30/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-29183-00-00
Spot Description: _____
NW SE NE SW Sec. 22 Twp. 17 S. R. 22 East West
1749 Feet from North / South Line of Section
3195 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Miami
Lease Name: ABC Well #: I-11
Field Name: Paola-Ranotul
Producing Formation: Squirrel
Elevation: Ground: 900 Kelly Bushing: 0
Total Depth: 420 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: 20 w/ 3 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: 12/14/2012



1089007

Operator Name: JTC Oil, Inc. Lease Name: ABC Well #: I-11
 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 Wireline 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: GammaRay/Neutron/CCL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum GammaRay
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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	5.6250	2.8750	8	397	Portland	46	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 Bbbs.	Gas Mcf	Water Bbbs.	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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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DRILL LOG

Operator License# 32834

API # 15-121-29183-00-00

Operator JTC Oil, Inc.

Lease Name ABC

Address_P.O. Box 24386 ,Stanley, KS 66283

Well # I-11

Phone 913-755-2959

Spud Date_7/11/12_Cement 7/16/12

Contractor License_____

Location_____ of _____

T.D. 420 T.D. of Pipe 397

_____ feet from _____

Surf. Pipe Size ___ 6" ___ Depth _____

_____ feet from _____

Kind of Well_____

County_Miami

Thickness	Strata	From	To	Thickness	Strata	From	To
2	soil	0	2	20	lime	151	171
4	clay	2	6	2	shale	171	173
19	lime	6	25	3	coal	173	176
2	lime/shale	25	27	12	lime	176	188
23	shale	27	50	112	shale	188	300
5	lime	50	55	3	lime/shale	300	303
27	shale	55	82	3	shale	303	333
3	lime	82	85	2	shale/oil	333-335	good
5	shale	85	90	3	shale	335-338	
16	lime	90	106	3	oil/lime	338-341	v good
9	shale	106	115	3	lime/oil	341-344	v goog

CONF I-11

Thickness	Strata	From	To	Thickness	Strata	From	To
28	lime	115	143	3	sand	344	347 v good
8	black shale	143	151	3	sand	347	350 v good
				3	sand	350	353 good
				3	sand/lime	353	356 good
				2	lime/oil finish oil	356	358 good
				12	lime	358	370
				50	shale	370	420
					Stop drilling		420
					Casing pipe		397



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 37426

LOCATION At quarry

FOREMAN Alan Mad

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
7-15-12	4015	ABC	F-11	SW 22	17	22	MI
CUSTOMER				TRUCK #			
JTC Oil				516			
MAILING ADDRESS				DRIVER			
35688 Plum Creek Rd				Alan Mad Safety, Meet			
CITY		STATE	ZIP CODE	TRUCK #		DRIVER	
Osawatomie		KS	66064	368		Derek Mad DM	
				368		Alan Mad ADM	
				510		Set Trc ST	

JOB TYPE long string HOLE SIZE 6 5/8 HOLE DEPTH 420 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 397 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING YES
 DISPLACEMENT 23 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held crew meet. Established rate. Mixed & pumped 100 # gel followed by 46 sk OWC. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI for 30 minutes. M.T.T. Set float. Closed valve.

JTC Drilling
Taylor Hermann was there

Alan Mad

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE		1030.00	
5406	25	MILEAGE		100.00	
5402	397'	casing footage			
5427	87.06	ton miles		116.60	
5502L	1 1/2	80 gal		135.00	
1126	46	OWC		864.80	
1183	100 #	gel		21.00	
4402	1	2 1/2 plug		28.00	
				SALES TAX	68.99
				ESTIMATED TOTAL	2364.45

SCANNED

Form 3737

AUTHORIZATION *DC*

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.