



KANSAS CORPORATION COMMISSION 1089003
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 #: _____
6/19/2012 6/27/2012 7/30/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-121-29131-00-00
Spot Description: _____
NW NE SE SW Sec. 22 Twp. 17 S. R. 22 East West
1300 Feet from North / South Line of Section
3100 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-10

Field Name: Paola-Rantoul

Producing Formation: Squirrel

Elevation: Ground: 893 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

1089003

Operator Name: JTC Oil, Inc. Lease Name: ABC Well #: I-10
 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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	GammaRay	
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Electric Log Submitted Electronically (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			
GammaRay/Neutron/CCL			

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	370	Portland	57	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 (Amount and Kind of Material Used)	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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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JTC Oil, Inc.

Drillers Log

Well Name ABC I-10

API# 15 15-121-29131-00-00 Cement Amounts

Surface Date 6/19/12 7" 20 ft. 3 Sacks

Cement Date 6/27/12

Well Depth 420

Casing Depth 408

Drillers Log

Formation	Depth	Formation	Depth
top soil	0		
shale	4		
lime	6		
shale	36		
lime	52		
shale	56		
lime	71		
shale	85		
lime	95		
black shale	121		
lime	130		
coal	169		
lime	173		
shale	187		
red bed	330		
shale	333		
top oil sand	341-344	lime ok	
	344-350	v good	
	350-353	v good	
	353-356	v good	
	356-358	good	
	358-361	shale lime	
lime	358		
shale	377		
stop drilling	420		
casing pipe	408		



CONSOLIDATED
ON VAM Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 37347
LOCATION Ottawa
FOREMAN Alan Maden

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
6-27-12	4015	ABC	I-10	SW 22	17	22	MI
CUSTOMER				TRUCK #	DRIVER	TRUCK #	DRIVER
JTC 0:1				516	Alan Maden	Safety	meat
MAILING ADDRESS				368	Kei Car	KC	
P.O. Box 734				75	Kei Det	KD	
CITY		STATE	ZIP CODE	503	Mik. Mad	MH	
Wellsville		KS	66092	CASING SIZE & WEIGHT <u>2 7/8</u>			
JOB TYPE	HOLE SIZE	HOLE DEPTH		OTHER			
long string	6	380					
CASING DEPTH	DRILL PIPE	TUBING		CEMENT LEFT IN CASING			
370				yes			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk		RATE			
				4 bpm			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI		CEMENT LEFT IN CASING			
2.15	800	200		yes			
REMARKS: Held crew meet. Established rate. Mixed & pumped 100# gel followed by 57 sk 50/50 cement plus 2 1/2 gel & 14# flo-seal per sack. Circulated cement. Flushed pump, latched plug to casing TD. Well held 800 PSI for 30 min. MFT. Set float closed valve.							

JTC Drilling

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1050.00
5406	25	MILEAGE	368	100.00
5402	370'	casing footage	368	—
5407	1/2 mi	tax miles	50.3	175.00
55026	1 1/2	80 gal	675	135.00
1124	57 sk	50/50 cement		624.15
1188	196#	gel		46.16
407	14#	flo seal		32.90
4402	1	2 1/2 plug		28.00

SCANNED

SALES TAX 54.8.3
ESTIMATED TOTAL 2221.24

AUTHORIZATION Jim Dick 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.