



KANSAS CORPORATION COMMISSION 1089001
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 #: _____
6/15/2012 6/27/2012 8/13/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-121-29018-00-00
Spot Description: _____
NW NW SW SE Sec. 22 Twp. 17 S. R. 22 East West
1080 Feet from North / South Line of Section
2440 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-6
Field Name: Paola-Raqntoul
Producing Formation: Squirrel
Elevation: Ground: 887 Kelly Bushing: 0
Total Depth: 400 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



1089001

Operator Name: JTC Oil, Inc. Lease Name: ABC Well #: I-6
 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: 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	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 <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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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JTC Oil, Inc.

Drillers Log

Well Name ABC I-6

API# 15 15-121-29018-00-00 Cement Amounts

Surface Date 6/15/12 207" 3 Sacks

Cement Date 6/27/12

Well Depth 400

Casing Depth 376

Drillers Log

Formation	Depth	Formation	Depth
top soil	0		
shale	5		
lime	32		
shale	36		
lime	71		
shale	86		
lime	95		
black shale	122		
lime	131		
shale	170		
lime	198		
shale	203		
lime	279		
shale	280		
lime	313		
shale	315		
lime shale	316		
top oil sand	318-320	good lime oil	
	320-321	sand good	
	321-324	good	
	324-327	good	
	327-330	v good	
	330-333	v good	
	333-336	v good	
	336-338	good	
	338-341	shale	
shale	338		
lime	342		
shale	347		
stop drilling	400		
casing pipe	376		

JUL-30-2012 10:46 From:

To: 9139372241

P. 6/9

abc I-8

	350-352 90%
	352-354 90%
	352-354 90%
	354-356
	356-358
	358-360
shale	370
stop drilling	400
casing pipe	377



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 37348

LOCATION Ottawa

FOREMAN Alan 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
6-27-12	4015	ABC	I-6	SE 22	17	22	MI
CUSTOMER				TRUCK #			
JTC Drilling				DRIVER			
MAILING ADDRESS				TRUCK #			
P.O. Box 734				DRIVER			
CITY		STATE	ZIP CODE	516	Alan Mad	Safety	Meat
Wellsville		MO	66092	368	KelCar	KL	
				675	Kei Det	KD	
				503	Mik Hgg	MH	
JOB TYPE	long string	HOLE SIZE	6	HOLE DEPTH	380	CASING SIZE & WEIGHT	2 7/8
CASING DEPTH	370	DRILL PIPE		TUBING		OTHER	
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING	YES
DISPLACEMENT	2.15	DISPLACEMENT PSI	800	MIX PSI	200	RATE	4.6 ppm
REMARKS: Held crew meet. Established rate. Mixed & pumped 100# seal followed by 57 sk 50150 cement plus 2 7/8 gal 1 1/4" flo-seal. Circulated cement. Flushed pump. Pumped plug to casing TD. 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	369	1030.00
5406	—	MILEAGE	368	—
5402	370	casing footage	368	—
5407	1/2 min	tax miles	503	175.00
5502 C	1 1/2	80 var	675	135.00
1124	57 sk	50150 cement		624.15
1118 B	19 1/2 #	seal		41.16
1107	14 #	flo-seal		32.90
4402	1	2 1/2 plug		28.00
SCANNED				

SALES TAX 54.83
ESTIMATED TOTAL 2121.24

NO company rep
AUTHORIZATION Jim DK's 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.