



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1220666
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

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: 35790 Plum Creek Road

Address 2: _____

City: Osawatomie State: KS Zip: 66064 + _____

Contact Person: Tom Cain/Debbie Doherty

Phone: (913) 755-2959

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

<u>12/18/2013</u>	<u>12/19/2013</u>	<u>01/17/2014</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-29795-00-00

Spot Description: _____

SE_NE_SW_SE Sec. 16 Twp. 17 S. R. 22 East West

893 Feet from North / South Line of Section

1429 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

GPS Location: Lat: _____, Long: _____

(e.g. xx.xxxxx)

(e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: Miami

Lease Name: RENNER Well #: PW-1

Field Name: _____

Producing Formation: Peru

Elevation: Ground: 1004 Kelly Bushing: 1007

Total Vertical Depth: 500 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 cmf.

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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 08/28/2014



1220666

Operator Name: JTC Oil, Inc. Lease Name: RENNER Well #: PW-1
 Sec. 16 Twp. 17 S. R. 22 East West County: Miami

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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
---	---

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	475	Portland	62	50/50 POZ

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing	-			
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone	-			

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift 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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
---	--	--

Operator License # 32834
 Operator JTC Oil, Inc.
 Address PO Box 24386
 City Stanley, KS 66283
 Contractor JTC Oil, Inc.
 Contractor License # 32834
 T.D. 500
 T.D. of pipe 475
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Injection

API # 15-121-29795-00-00
 Lease Name Renner
 Well # PW-1
 Spud Date 12/18/2013
 Cement Date 1/17/2014
 Location Sec 16 T 17 R 22
 756 feet from S line
 1240 feet from E line
 County Miami

Driller's Log

Thickness	Strata	From	To	
2	Soil	0	2	
5	Clay	2	7	
93	Shale	7	100	
20	Lime	100	120	
30	Shale	120	150	
8	Lime	150	158	
32	Shale	158	190	
15	Lime	190	205	
7	Shale	205	212	
27	Lime	212	239	
10	Black Shale	239	249	
19	Lime	249	268	
5	Coal	268	273	
12	Lime	273	285	
135	Shale	285	420	
3	Oil Sand	420	423	Broken
3	Lime Oil	423	426	Little Oil
4	Lime	426	430	
3	Oil Sand	430	433	OK
2	Lime	433	435	OK
3	Oil Sand	435	438	OK
3	Oil Sand	438	441	Good
3	Oil Sand	441	444	Good
3	Oil Sand	444	447	V-Good
11	Lime	447	458	
42	Shale	458	500	



CONSOLIDATED
Oil Well Services, LLC

265490

TICKET NUMBER 42575

LOCATION Ottawa KS

FOREMAN Fred 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
1-17-14	4015	Renner #PW-1	SE 16	17	22	MI
CUSTOMER			TRUCK#			
MAILING ADDRESS			DRIVER			
CITY			TRUCK#			
STATE			DRIVER			
ZIP CODE			TRUCK#			
			DRIVER			

JTC Oil Inc
35688 Plum Creek Rd
Ossawatimie KS 66034

JTC Drilling Fred Maden

JOB TYPE: long string HOLE SIZE 5 7/8 HOLE DEPTH 500 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 475 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Ply
 DISPLACEMENT 2.76 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix Pump
100# Gel Flush. Mix + Pump 545 OWC Cement w/ 14# Flo Seal / sk
Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber
plug to casing TD. Pressure to 800# PSI. Hold + Monitor pressure
for 30 min MIT. Release pressure to set float valve.
shut in Casing

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		105.50
5406		MILEAGE		N/C
5402	475	Casing footage		N/C
5407	1/3 minimum	Ton Miles		122.67
5502C	1 1/2 hr	80 BBL Vac Truck		135.00
1120	62 sks	OWC Cement		1224.50
1150	100 #	Premier Gel		22.00
1107	1.6 #	Flo Seal		39.52
7402	1	2 1/2" Rubber Plug		29.50
completed				
Total				2758.83
			7.65%	SALES TAX
				ESTIMATED
				TOTAL

Revin 3787

AUTHORIZATION _____ 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 fo