



Confidentiality Requested:

☐ Yes ☐ NoKANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1244620

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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 #: _____

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No. 15 - _____

Spot Description: _____

_____-_____-_____- Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West_____-_____-_____- Feet from ☐ North / ☐ South Line of Section_____-_____-_____- Feet from ☐ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☐ SWGPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☐ No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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 DistributionALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

CASING RECORD ☐ New ☐ 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

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 (Amount and Kind of Material Used)	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:

☐ Vented ☐ Sold ☐ Used on Lease

(If vented, Submit ACO-18.)

METHOD OF COMPLETION:

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled
(Submit ACO-5) (Submit ACO-4)
☐ Other (Specify) _____

PRODUCTION INTERVAL:

Form	ACO1 - Well Completion
Operator	JTC Oil, Inc.
Well Name	Cooper P-28
Doc ID	1244620

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	9	7	10	20	PORTLAND	5	50/50 POZ
Production	5.625	2.875	8	720	PORTLAND	95	50/50 POZ

Summary of Changes

Lease Name and Number: Cooper P-28

API/Permit #: 15-121-30429-00-00

Doc ID: 1244620

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	02/12/2015	03/03/2015
Electric Log Run?	No	Yes
Elogs_PDF		GAMMA NEUTRON
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1242426	../../../../kcc/detail/operatorEditDetail.cfm?docID=1244620

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1242426

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

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- ☐ 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: _____

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Spud Date or
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Date Reached TD

Completion Date or
Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West

_____ Feet from ☐ North / ☐ South Line of Section

_____ 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: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

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Total Vertical Depth: _____ Plug Back Total Depth: _____

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If yes, show depth set: _____ Feet

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feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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: _____ Date: _____

Form	ACO1 - Well Completion
Operator	JTC Oil, Inc.
Well Name	Cooper P-28
Doc ID	1242426

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	9	7	10	20	PORTLAND	5	50/50 POZ
Production	5.625	2.875	8	720	PORTLAND	95	50/50 POZ



CONSOLIDATED
Oil Well Services, LLC

268384

TICKET NUMBER 47258

LOCATION Ottawa KS

FOREMAN Fred Mader

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
5.21.14	4015	Bristow # P. 28	NE 27	17	22	MI

CUSTOMER

JTC Oil Inc

MAILING ADDRESS

35685 Plum Creek Rd

CITY

Oswatimie

STATE

KS

ZIP CODE

66064

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Mader		
495	Harold		
370	Joe Ric		
558	Max Coe		

JOB TYPE Long string HOLE SIZE 6 HOLE DEPTH 380 CASING SIZE & WEIGHT 27# EUE
CASING DEPTH 369 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
DISPLACEMENT 2.14 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 48 PPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix 9 Pump
100# Gel Flush. Mix 9 Pump 543 OWC Cement 1/4" Flo Seal/sk
Cement to Surface. Flush pump & lines clean. Displace 2 1/2"
Rubber plug to casing TD. Pressure to 800 # PSI. Release
pressure to set float valve. Shut in casing.

JTC Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085.00 ✓
5406	-	MILEAGE		N/C ✓
5402	369	Casing footage		N/C ✓
5407	1/2 minimum	Ten Miles	558	184.00 ✓
5502C	1 hr	60 BBL Vac Truck	380	108.00 ✓
112B	495 SKS	OWC Cement	967.25	✓
1118B	100#	Premium Gel	22.00	✓
1107	13#	Flo Seal	30.11	✓
		Material	1021.86	
		Less 30%	-306.56	✓
		Total		
4402	1	2 1/2" Rubber Plug		29.50 ✓
			2500.79	
			7.65%	
			SALES TAX	56.98 ✓
			ESTIMATED	
			TOTAL	2170.78 ✓

Ravin 3737

OK'd J Green

AUTHORIZATION No Co Repon Site

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 for

Operator License # 32834
 Operator JTC Oil, Inc.
 Address 35790 Plum Creek Road
 City Osawatomie, KS 66064
 Contractor JTC Oil, Inc.
 Contractor License # 32834
 T.D. 740'
 T.D. of pipe 720'
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Production

API # 15-121-30429-00-00
 Lease Name Cooper
 Well # P-28
 Spud Date 1/2/2015
 Cement Date 1/13/2015
 Location Sec 9 T 17 R 22
 1155 feet from S line
 1155 feet from E line
 County Miami

Driller's Log

Thickness	Strata	From	To	
2	soil	0	2	
6	lime	2	8	
96	shale	8	104	
19	lime	104	123	
20	shale	123	143	
10	lime/shale	143	153	
5	lime	153	158	
37	shale	158	195	
18	lime	195	213	
9	shale	213	222	
28	lime	222	250	
7	coal	250	257	
20	lime	257	277	
4	coal	277	281	
12	lime	281	293	
147	shale	293	440	
20	lime/shale	440	460	
9	lime	460	469	
48	shale	469	517	
7	lime	517	524	
17	shale	524	541	
3	lime	541	544	
16	black shale	544	560	
2	lime	560	562	
20	shale	562	582	
3	lime	582	585	
30	shale	585	615	
3	oil sand	615	618	ok
3	oil sand	618	621	ok
3	oil sand	621	624	good
3	oil sand	624	627	v-good
3	oil sand	627	630	v-good
4	oil sand	630	634	v-good
4	oil sand	634	638	ok-mix shale

4	oil sand	638	642	good
4	oil sand	642	646	good
4	oil sand	646	650	v-good
4	oil sand	650	654	v-good
4	oil sand	654	658	v-good
4	mix shale/sand	658	662	ok
4	mix shale	662	666	broken
4	oil sand	666	670	ok
4	sandy	670	674	ok
4	shale	674	678	
4	oil sand	678	682	ok
4	oil sand	682	686	good
54	shale	686	740	