



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:

Yes No

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
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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: _____

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 Distribution
- ALT 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input 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

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: _____ _____
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Summary of Changes

Lease Name and Number: Terbrock I-12

API/Permit #: 15-121-30964-00-00

Doc ID: 1252289

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	04/15/2015	05/15/2015
Electric Log Run?	No	Yes
Elogs_PDF		GAMMA NEUTRON
Save Link	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 49759	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 52289



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1249759
OIL & GAS CONSERVATION DIVISION

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: _____

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Designate Type of Completion:

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- CM (Coal Bed Methane)
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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
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Spot Description: _____

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Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
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Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

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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.

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- Confidentiality Requested
Date: _____
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- ALT 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
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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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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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. 360'
 T.D. of pipe 351'
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Injection

API # 15-121-30964-00-00
 Lease Name Terbrock
 Well # I-12
 Spud Date 3/16/2015
 Cement Date 3/23/2015
 Location Sec 27 T 17 R 22 E
 1650 feet from S line
 660 feet from E line
 County Miami

Driller's Log

Thickness	Strata	From	To	
2	soil	0	2	
5	clay	2	7	
2	lime	7	9	
36	shale	9	45	
13	lime	45	58	
10	shale	58	68	
27	lime	68	95	
7	coal	95	102	
21	lime	102	123	
4	coal	123	127	
14	lime	127	141	
137	shale	141	278	
3	red bed	278	281	
2	shale	281	283	
15	lime shale	283	298	
3	oil sand	298	301	ok
3	oil sand	301	304	good
4	oil sand	304	308	v-good
2	lime	308	310	
3	shale	310	313	
6	lime	313	319	
41	shale	319	360	



250 N. Water, Ste 200 - Wichita, Ks 67202

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer:	JTC			Customer Name:		Ticket No.:	50545																																																																																											
Address:				AFE No.:		Date:	3/23/2015																																																																																											
City, State, Zip:				Job type:	Cement Longstring (NEW WELL)																																																																																													
Service District:				Well Details:	2 7/8 casing @ 349... 5 7/8 hole @ 360																																																																																													
Well name & No.:	Terbrock I-12			Well Location:		County:	Franklin	State:	Kansas																																																																																									
Equipment #	Driver	Equipment #	Driver	Equipment #	Hours	TRUCK CALLED			AM PM	TIME																																																																																								
26	Joe	extra	Tom			ARRIVED AT JOB			AM PM																																																																																									
230	alex					START OPERATION			AM PM																																																																																									
242	Troy					FINISH OPERATION			AM PM																																																																																									
111	Tyler					RELEASED			AM PM																																																																																									
108	Jeff					MILES FROM STATION TO WELL			AM PM																																																																																									
Treatment Summary																																																																																																		
Hooked onto 2 7/8 casing and achieved circulation.. Pumped 15 bbl gel sweep followed by 15 bbl of OWC cement.. Flushed pump and pumped plug to bottom and set float shoe.. 3 bbl slurry to pit.. CUSTOMER SUPPLIED WATER.. M.I.T. @ 750 PSI FOR 15 MINUTES.																																																																																																		
<table border="1"> <thead> <tr> <th>Product/Service Code</th> <th>Description</th> <th>Unit of Measure</th> <th>Quantity</th> <th>List Price/Unit</th> <th>Gross Amount</th> <th>Item Discount</th> <th>Net Amount</th> </tr> </thead> <tbody> <tr> <td>c00101</td> <td>Heavy Equip. One Way</td> <td>mi</td> <td>-</td> <td>\$3.25</td> <td>\$0.00</td> <td>10.00%</td> <td>\$0.00</td> </tr> <tr> <td>c00102</td> <td>Light Equip. One Way</td> <td>mi</td> <td>-</td> <td>\$1.50</td> <td>\$0.00</td> <td>10.00%</td> <td>\$0.00</td> </tr> <tr> <td>c23103</td> <td>Cement Pump (Multiple wells)</td> <td>ea</td> <td>1.00</td> <td>\$675.00</td> <td>\$675.00</td> <td>10.00%</td> <td>\$607.50</td> </tr> <tr> <td>p01605</td> <td>O.W.C. Cement</td> <td>sack</td> <td>60.00</td> <td>\$17.95</td> <td>\$1,077.00</td> <td>25.00%</td> <td>\$807.75</td> </tr> <tr> <td>p01607</td> <td>Bentonite Gel</td> <td>lb</td> <td>200.00</td> <td>\$0.30</td> <td>\$60.00</td> <td>25.00%</td> <td>\$45.00</td> </tr> <tr> <td>p01631</td> <td>Rubber Plug 2 7/8</td> <td>ea</td> <td>1.00</td> <td>\$25.00</td> <td>\$25.00</td> <td>10.00%</td> <td>\$22.50</td> </tr> <tr> <td>p02000</td> <td>H2O</td> <td>gal</td> <td>-</td> <td>\$0.01</td> <td>\$0.00</td> <td></td> <td>\$0.00</td> </tr> <tr> <td>c11100</td> <td>Vacuum Truck 80 bbl</td> <td>ea</td> <td>1.00</td> <td>\$84.00</td> <td>\$84.00</td> <td>10.00%</td> <td>\$75.60</td> </tr> <tr> <td>c10800</td> <td>Vacuum Truck 80 bbl</td> <td>ea</td> <td>1.00</td> <td>\$84.00</td> <td>\$84.00</td> <td>10.00%</td> <td>\$75.60</td> </tr> <tr> <td>c24201</td> <td>Cement Bulk Truck - Minimum</td> <td>ea</td> <td>1.00</td> <td>\$300.00</td> <td>\$300.00</td> <td>66.00%</td> <td>\$102.00</td> </tr> </tbody> </table>											Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Item Discount	Net Amount	c00101	Heavy Equip. One Way	mi	-	\$3.25	\$0.00	10.00%	\$0.00	c00102	Light Equip. One Way	mi	-	\$1.50	\$0.00	10.00%	\$0.00	c23103	Cement Pump (Multiple wells)	ea	1.00	\$675.00	\$675.00	10.00%	\$607.50	p01605	O.W.C. Cement	sack	60.00	\$17.95	\$1,077.00	25.00%	\$807.75	p01607	Bentonite Gel	lb	200.00	\$0.30	\$60.00	25.00%	\$45.00	p01631	Rubber Plug 2 7/8	ea	1.00	\$25.00	\$25.00	10.00%	\$22.50	p02000	H2O	gal	-	\$0.01	\$0.00		\$0.00	c11100	Vacuum Truck 80 bbl	ea	1.00	\$84.00	\$84.00	10.00%	\$75.60	c10800	Vacuum Truck 80 bbl	ea	1.00	\$84.00	\$84.00	10.00%	\$75.60	c24201	Cement Bulk Truck - Minimum	ea	1.00	\$300.00	\$300.00	66.00%	\$102.00
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<p>TERMS: Cash in advance unless Hurricane Services Inc has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts may pay interest on the balance past due at the rate of 1 1/4% per month or the maximum allowable by applicable state or federal laws if such laws limit interest to a lesser amount. In the event it is necessary to employ an agency and/or attorney to affect the collection of said account, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any and all discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount will become immediately due and owing and subject to collection.</p>						<p>Gross: \$ 2,305.00</p>		<p>Net: \$ 1,735.95</p>																																																																																										
<p>Total Taxable \$ -</p>				<p>Tax Rate: 7.650%</p>		<p>Sale Tax: \$ -</p>																																																																																												
<p>Frac and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.</p>						<p>Total: \$ 1,735.95</p>																																																																																												
<p>Date of Service:</p>						<p>3/23/2015</p>																																																																																												
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<p>Customer Representative:</p>						<p>Curtis Zollar</p>																																																																																												
<p>X _____ CUSTOMER AUTHORIZED AGENT</p>																																																																																																		
<p>Customer Comments or Concerns:</p>																																																																																																		

Hurricane Services appreciates any Comments, Concerns or Criticism's from our valuable customers as Safety and Customer Satisfaction are our Number 1 goal. All Comments are confidential and will be used in a constructive manner to improve our Safety and Job Performance.