

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1063148

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 #		API No. 15	
Name:		Spot Description:	
Address 1:		Sec	TwpS. R East Wes
Address 2:		Fe	eet from North / South Line of Section
City: State: Zip):+	Fe	eet from East / West Line of Sectio
Contact Person:			Nearest Outside Section Corner:
Phone: ()		, , , , , , , , , , , , , , , , , , ,	V SE SW
CONTRACTOR: License #			
Name:		-	Well #:
Wellsite Geologist:			vven #
5			
Purchaser:			Kalla Dashira
Designate Type of Completion:			Kelly Bushing:
New Well Re-Entry	Workover	•	ug Back Total Depth:
Oil WSW SWD	SIOW	Amount of Surface Pipe Se	et and Cemented at: Fee
Gas D&A ENHR	SIGW	Multiple Stage Cementing	Collar Used? Yes No
☐ OG	Temp. Abd.	If yes, show depth set:	Fee
CM (Coal Bed Methane)		If Alternate II completion, c	cement circulated from:
Cathodic Other (Core, Expl., etc.):		feet depth to:	w/sx cm
If Workover/Re-entry: Old Well Info as follows:			
Operator:			
Well Name:		Drilling Fluid Managemer (Data must be collected from t	
Original Comp. Date: Original To	tal Depth:		
	ENHR Conv. to SWD	Chloride content:	ppm Fluid volume:bb
Conv. to	GSW	Dewatering method used:	
Plug Back: Plug		Location of fluid disposal if	hauled offsite:
Commingled Permit #:		Operator Name:	
Dual Completion Permit #:			
SWD Permit #:			License #:
ENHR Permit #:		Quarter Sec	TwpS. R 🗌 East 🗌 Wes
GSW Permit #:		County:	Permit #:
Spud Date or Date Reached TD Recompletion Date	Completion Date or Recompletion Date		

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 Approved by: Date:							

	Side Two	1063148
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	

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 (Attach Additional She	eets)	Yes No	L	-	n (Top), Depth an	d Datum Top	Sample
Samples Sent to Geolog	ical Survey	Yes No				iop	Datam
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING		ew Used			
		Report all strings set	-conductor, surface, inte	ermediate, producti	on, 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: —— Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					e			ement Squeeze Record d of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner F	Run:	No	
Date of First, Resumed Production, SWD or ENH			ર .	Producing N	_	ping	Gas Lift	Other (Explain)		
Estimated Production Oil Bbls. Per 24 Hours		ls.	Gas Mcf Wat		er	Bbls.	Gas-Oil Ratio	Gravity		
									1	
DISPOSITI	ON OF C	GAS:			METHOD	OF COMPLE	TION:		PRODUCTION IN	TERVAL:
Vented Sold Used on Lease				Open Hole	Perf.	Uually (Submit)	Comp. AC <i>O-5)</i>	Commingled (Submit ACO-4)		
(If vented, Submit ACO-18.)			Other (Specify)							

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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JTC Oil, Inc.

Drillers Log

Well Name Johnston BSI JO-4 API# 15-059-25596-00-00	Cement Amounts
Surface Date 6/16/11 20 ft 6.5	<u> 3 Sacks</u>
Cement Date 6/21/11	

Well Depth 680

Casing Depth 653

	Drille	ers Log	
Formation	Depth	Fromation	Depth
\$oil	0		
lime	2		
shale	13		
lime	98		
shale	121		
lime	142		
shale	147		
lime	158		
shale	159		
lime	168		
shale	170		
lime	188		
shale	205		
lime	216		
shale	247		
coal	248		
líme	250		
coal	276		
lime	278		
shale	294		
red bed	437		
shale	445		
lime	454		
shale	480		
lime	524		
shale	531		
top oil sand	598-602 mix/sh	ale	
	602-606 good		
	606-610 v good		
	610-614 v good		
	614-618 good		

JUN-22-2011 09:58 From:

	618-622 good
	622-626 shale
stop oil sand	624
shale	625
stop drilling	680
casing pipe	653

Johnston BSI-4 To:9137547755

1

CONSOLIDATED Oit Well Services, LLC:

TICKET NUMBER 32628

FOREMAN Fred Mader

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PO	Box	884,	Cha	nute,	KS	66720
620	-431	-9210) or	800-	467-	8676

FIELD TICKET & TREATMENT REPORT

DATE USTOMER WILL HOW E REMARK WITH A COMMANY A COMMANY A COMMANY	320-431-9210 d	or 800-467-8676			CEMEN				COUNTY /
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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. × . .

Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Mark Sievers, Chairman Ward Loyd, Commissioner Thomas E. Wright, Commissioner Sam Brownback, Governor

September 13, 2011

Marcia Littell Enerjex Kansas, Inc. 27 CORPORATE WOODS, STE 350 10975 GRANDVIEW DR OVERLAND PARK, KS 66210

Re: ACO1 API 15-059-25596-00-00 Johnston BSI JO-4 SE/4 Sec.17-18S-21E Franklin County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully, Marcia Littell