

Kansas Corporation Commission Oil & Gas Conservation Division

1068330

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:	SecTwpS. R 🔲 East 🗌 West					
Address 2:	Feet from North / South Line of Section					
City: State: Zip:+	Feet from _ East / _ West Line of Section					
Contact Person:	Footages Calculated from Nearest Outside Section Corner:					
Phone: ()	□NE □NW □SE □SW					
CONTRACTOR: License #	County:					
Name:	Lease Name: Well #:					
Wellsite Geologist:	Field Name:					
Purchaser:	Producing Formation:					
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:					
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:					
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?					
Operator:						
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)					
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls Dewatering method used:					
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:					
Commingled Permit #:	Operator Name:					
Dual Completion Permit #:	Lease Name: License #:					
SWD Permit #:	Quarter Sec Twp S. R					
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:					
Spud Date or Date Reached TD Completion Date or Recompletion Date 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 III Approved by: Date:

Side Two



Operator Name:			Lease Name: _			_ Well #:	
Sec Twp	S. R	East West	County:				
time tool open and clo	osed, flowing and shu es if gas to surface te	d base of formations pen t-in pressures, whether s st, along with final chart(well site report.	hut-in pressure rea	ched static level,	hydrostatic press	sures, bottom h	nole temperature, fluid
Drill Stem Tests Taken Yes No (Attach Additional Sheets)			Log Formation (Top), De		nd Datum	Sample	
Samples Sent to Geo	ological Survey	☐ Yes ☐ No	Nam	е		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes No Yes No Yes No					
List All E. Logs Run:							
		Report all strings set-		ermediate, producti	<u> </u>		
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 / SQL	 JEEZE RECORD			
Purpose: —— Perforate —— Protect Casing	Depth Top Bottom	Type of Cement	# Sacks Used Type and Percent Additives				
Plug Back TD Plug Off Zone							
	DEDEODATI	ON DECORD - Deider Blue	- O-4/T	Acid Fro	cture, Shot, Cemen	t Causana Dagar	
Shots Per Foot PERFORATION RECORD - Bridge Plugs Specify Footage of Each Interval Perfo			forated		mount and Kind of Ma		Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or EN	HR. Producing Meth		Gas Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wat	er B	bls.	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF GAS:		METHOD OF COMPLE	ETION:		PRODUCTIO	ON INTERVAL:
Vented Solo		Open Hole	Perf. Dually	Comp. Cor	nmingled		
(If vented, Su	bmit ACO-18.)	Other (Specify)	(Submit)	4CO-5) (Sub	mit ACO-4)		_

JTC Oil, Inc.

Drillers Log

Carter A BSI CA 10

API#

15-059-25579-00-00

Cement Amounts

Surface Date

7/28/2011 20 tf 6.5

3 sacks

Cement Date

8/9/2011

Well Depth

640

Casing Depth

621

Drillers Log

top soil 0 shale 6 lime 60 shale 81 red bed 116 shale 126 lime 143 shale 144 lime 152 coal 235 lime 238 shale 246 lime 414 shale 428 lime 498 shale 503 red bed 532 shale 536

top soil sai 552-555 ok-mix -shale

555-558 good

558-562 v good

562-566 v good

566-570 mix ok

570-574 shale

shale

569

stop drilling

640

casing pipe

621



TICKET NUMBER LOCATION Oxtava KS FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WE	ELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	Co	UNT
8/9/11	2579	Carto	BST-CAID NW 17 18			21		FR
CUSTOMER	W							
MAILING ADDR	JON JON K	esourc	es Tuc	TRUCK#	DRIVER	TRUCK#	D	RIVEF
VIAILING ADDRI				506	FREMAD	Safex		
[09]	75 Gran	STATE	DR.	368	RENHAM)
material as		200-0-1 N	ZIP CODE	369	DERMAS	DM		
Overlan	nd Park	KS	66210	548	TIMLEN		+	
OB TYPE L	mg 8trile	HOLE SIZE_			CASING SIZE &		FIRE	
ASING DEPTH	-627 t	DRILL PIPE	TUBING		OADING GIZE &		FLUC	
LURRY WEIGH		SLURRY VOL			CEMENT LEFT in	OTHER	N OI	
ISPLACEMENT	3.44	DISPLACEME					PW	} —
EMARKS: C		1 .	,		RATE 4BPW		0	
Flush		depth	w/wire line.		p 100# P	vemium	ial	
		Pomp	90 SKS 70/3	3 NOZMIX (conent Do	2 Cel 5%	Sal	1
	Lans Soul		ement to S.	sv Faco. Flu	shoomi	ox lines	1 lan	1
Displ	ace 25 "	Kubbe	or DING VX COU	she Toul	ZLY RRI	Frashi	woder	
Press	ove to 3	POON PS	. Hold Pressu	100 401 30	min MI			-
Press			ax value. C	hoth casi	ha	7. Notes	107	
<u> </u>				NO VINC ZUSI	0	- :		
TT	C Dville				1 11	-01	-	
	1				full 111			
ACCOUNT	OLIANITY	1110770		· /	<u>/</u>	i		
CODE	QUANITY	or UNIIS	DESCRIPTION	of SERVICES or PRO	DUCT	UNIT PRICE	то	TAL
5401			PUMP CHARGE					75
5406		9	MILEAGE TYUC	14 on lease			7	160
5402	. 6	a 7	Casing for	07C 1823 8				
5407		mun	Ton Mile		0.06	<u> </u>		110
55020		zhr			548			5
33020		zuv	80 BBL V	ac Truck	369		13	35
i							. 8	
				. 41			33	
1129		70 5145	70/30 Por Y	nix Cement			108	20
11183	2	59#	Premium	Cal		i i		
1111		83#	Granulated	10 11			3	-
1107A	1	15 #	1 // 1	Salt			6	4
4402		1	Pheno Seal	0.			্ৰ ও	-4
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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/

Sam Brownback, Governor

Mark Sievers, Chairman Ward Loyd, Commissioner Thomas E. Wright, Commissioner

November 18, 2011

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

Re: ACO1 API 15-059-25579-00-00 Carter A BSI-CA10 NE/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