

Confidentiality Requested:

OPERATOR: License # \_\_\_\_

### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1072802

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

## WELL COMPLETION FORM

WELL HISTORY - DESCRI	PTION OF WELL & LEASE
	API No. 15 -

Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:
□ OG □ GSW □ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back         Conv. to GSW         Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled         Permit #:           Dual Completion         Permit #:	Dewatering method used:
SWD     Permit #:	Location of fluid disposal if hauled offsite:
ENHR     Permit #:	Location of huld disposal in hadred offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date	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:

	Page Two	1072802
Operator Name:	_ Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRUCTIONS: Chause important tang of formations paratrated	atail all aaraa Banart all final	apping of drill stome tools giving interval toolad, time tool

**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 Sh	eets)	Yes No		0	on (Top), Depth a		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	9		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-o	RECORD Ne		ion, 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 / SQU	IEEZE RECORD			
Burpaga	Depth						

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

(If No, skip questions 2 and 3) (If No, skip question 3)

No

No No

No

(If No, fill out Page Three of the ACO-1)

Shots Per Foot		PERFORATION RE Specify Footag	ECORD - I je of Each I	Bridge Plugs Set/Type Interval Perforated	9	Acid,		ement Squeeze Record d of Material Used)	Depth
TUBING RECORD:	Siz	ze: S	et At:	Packer	At:	Liner Run:	Yes	No	
Date of First, Resumed	Date of First, Resumed Production, SWD or ENHR.			ducing Method: Flowing Dump	ing	Gas Lift	Other (Explain)	. <u> </u>	
Estimated Production Per 24 Hours		Oil Bbls.		Gas Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
		1						1	
DISPOSITI	ON OF G	AS:	_	METHOD C		TION:		PRODUCTION INTE	ERVAL:
Vented Solo	J 🗌 L	Jsed on Lease	Open I	Hole Perf.	Uually (Submit A		Commingled (Submit ACO-4)		
(If vented, Su	bmit ACO	-18.)	Other	(Specify)	(Subinit F	, ,	Submit ACU-4)		

#### P.1/3

# JTC Oil, Inc.

Drillers Log

Well Name Carter A BSI CA 19 API# 15 15-059-25760-00-00	Cement Amounts
Surface Date 11/29/11 20 ft 6.5	<u>3 Sacks</u>
Cement Date 12/1/11	

Casing Depth 593

	Drillers	Log	
Formation	Depth	Formation	Depth
top soil	0		
shale	6		
lime	55		
shale	73		
lime	98		
red bed	104		
shale	112		
lime	146		
shale	162		
lime	170		
coal	230		
lime	232		
shale	246		
lime	408		
shale	451		
lime	478		
shale	499		
lime	507		
shale	512		
τοp oil sand	547-550 ok		
	550-553 good		
	553-557 good		
	557-560 good		
	560-563 shale		
shale	560		
stop drilling	620		
casing pipe	593		

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Box 88, Chanche, KS 66720       FIELD TICKET & TREATMENT REPORT       COMMAND FOR COUNTY         DATE       CONTREME       WELL NAME & NUMBER       CEMENT         DATE       CONTREME       WELL NAME & NUMBER       SECTION       TOWNSHIP       PANGE       COUNTY         DATE       CUSTOMERS       WELL NAME & NUMBER       SECTION       TOWNSHIP       PANGE       COUNTY         DATE       CUSTOMERS       WELL NAME & NUMBER       SECTION       TOWNSHIP       PANGE       COUNTY         DENDATION       A STOT       CAME A       CST       CA       IF       SECTION       TOWNSHIP       PANGE       COUNTY         DENDATION       A STOT       CONTREME       TRUCK#       DIVENT       DATE       COUNTY         DATE       CARAN       DESCRIPTION       DATE							
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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

January 25, 2012

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

Re: ACO1 API 15-059-25760-00-00 Carter A BSI-CA19 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