Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1076850

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 #	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.xxxxx) (e.gxxx.xxxxx) Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	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)
Commingled Permit #:	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 #:	
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 Iwo	1076850
Operator Name:	_ Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRUCTIONS. Changing and the stand of formations penatrated D	stail all aaroo Bapart all final	appias of drill stamp toots giving interval tootad, 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 She	eets)	Yes No		🗌 Log	Formatio	on (Top), Depth an	d Datum	Sample
Samples Sent to Geolog	ical Survey	Yes No		Name			Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No						
List All E. Logs Run:								
		CASING Report all strings set	RECORD	New e, interm	Used ediate, producti	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
	· · · ·	ADDITIONA	L CEMENTING /	SQUEE	EZE RECORD		· · · · ·	
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Use	ed		Type and Pe	ercent Additives	
Protect Casing Plug Back TD								
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

Yes	No
Yes	No

No

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

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

Shots Per Foot		PERFORATION Specify For	I RECOF	RD - Bridge F Each Interval	Plugs Set/Typ Perforated	e			ement Squeeze Record d of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner F	Run:	No	
Date of First, Resumed	Producti	ion, SWD or ENHF	3.	Producing N		oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITI	ON OF G	AS:			METHOD	OF COMPLE	TION:		PRODUCTION INT	ERVAL:
Vented Solo	ו <u>ן</u> ג	Jsed on Lease		Open Hole	Perf.		Comp.	Commingled		
(If vented, Su	bmit ACO	9-18.)		Other (Specify)	(Submit)	,	(Submit ACO-4)		

JTC Oil, Inc.

Drillers Log

API# 15 15-059-25861-	00-00 Cement Amount
Surface Date 12/10/11 20) ft 6.5 <u>3 Sacks</u>

Well Depth 680

Casing Depth 662

	Driller	s Log	
Formation	Depth	Formation	Depth
top soil	0		
líme	2		
shale	6		
lime	100		
shale	120		
lime	142		
red bed	146		
shale	153		
lime	190		
shale	205		
lime	215		
coal	274		
lime	277		
shale	290		
red bed	435		
lime	438		
shale	480		
líme	517		
shale	529		
lime	537		
shale	541		
lime	547		
shale	551		
top oil sand	588-591 v good		
	591-594 v good		
	594-597 v good		
	597-600 v good		
	600-603 good		
	603-606 good		
	606-609 mix shale	9	
	584-587 shale		

DEC-12-2011 13:34 From:

To:9137547755

147755 P.6/6 BSP CA 49

shale	608
stop drilling	680
casing pipe	662

C C					1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	er vere
TH C	and the set of the set	•		TAUTTAIN		3159
	onsolidated	· · · · · ·		TICKET NUME		2723
	gil Well Services, LLC				trang	2
	EU.			FOREMAN	-lan N	lader
		ELD TICKET & TREA		ORI		
	or 800-467-8676	CEMEN				4
DATE			SECTION	TOWNSHIP	RANGE	COUNTY
12-12.11 CUSTOMER	2579 Carter	A" BSP.CA.49	NEIT	18	21	FR.
Ener TE MAILING ADDRE	x Resources		TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	ESS		516	Alan M	Safez.	Meet
10975	lorand i es	Dr	368	Anlen M	ARTH	JILES .
CITY	STATE	ZIP CODE	370	GARY M	- M	
Overland	Park 15.5	46210	548	Derek M	Dm	
JOB TYPE	19 String HOLE SIZE	HOLE DEPTH	1	CASING SIZE & W	EIGHT	19
CASING DEPTH	640 DRILL'PIPE	TUBING			OTHER	
SLURRY WEIGH	IT SLURRY VOL	WATER gal/s	k	CEMENT LEFT in		P.S
DISPLACEMENT	.3.8 DISPLACEME	0	00	RATE 46	2m	
REMARKS: He			a rate	Mixed +	ALL AR	2 100th
ael fol	lowed by 8:	5 515 70130 1	? ement	DIUC 50	pauper	200
1/5#Ph	enouseal per sac	K. Circulat	1	rent l	Eliscia e	d to get
De vano		us to easin	PTD 1	Nell h	ald BE	12 P.n+
Set f	1 101 10	value.	3 0.0		era go	0 101
JTC	Drilling				. 1	/
D:1+14	eld One, T.L.			A	Nou	
				1 Dund		•
				7 MM		
ACCOUNT			12			
	QUANITY or UNITS	DESCRIPTION of	SERVICES or PRO	DUCT	UNIT PRICE	ΤΟΤΑΙ
CODE	QUANITY or UNITS		SERVICES or PRO	DUCT	UNIT PRICE	TOTAL
CODE JUD 1	QUANITY or UNITS	PUMP CHARGE	SERVICES or PRO	DUCT	UNIT PRICE	тотаl 1030.00
CODE 5401 3406	1	PUMP CHARGE MILEAGE		DDUCT	UNIT PRICE	
CODE 5401 5406 5402	1060	PUMP CHARGE MILEAGE Casing For	SERVICES or PRO	DDUCT	UNIT PRICE	
CODE 5401 5406 5402 5407	1	PUMP CHARGE MILEAGE Casing for ton miles		DDUCT	UNIT PRICE	
CODE 5401 5406 5402	1060	PUMP CHARGE MILEAGE Casing For		DUCT	UNIT PRICE	
CODE 5401 5406 5402 5407	1060	PUMP CHARGE MILEAGE Casing for ton miles		DDUCT	UNIT PRICE	
CODE 5401 5406 5402 5407 5502C	1060	PUMP CHARGE MILEAGE Casing for ton miles BOVGC		DUCT	UNIT PRICE	
CODE 5401 5406 5402 5407	1 1060 1/2 min 1 85	PUMP CHARGE MILEAGE Casing for ton miles		DDUCT	UNIT PRICE	
CODE 5401 5406 5402 5407 5502C	1 660 1/2 min 1 85 250 #	PUMP CHARGE MILEAGE Casing for ton miles BOVGC		DDUCT	UNIT PRICE	
CODE 5401 5406 5402 5407 5502C	1 640 V2 min 1 85 250 # 172 #	PUMP CHARGE MILEAGE Casing foo ton miles 80 vac		DUCT	UNIT PRICE	
CODE 5401 5406 5402 5407 5502C	1 660 1/2 min 1 85 250 #	PUMP CHARGE MILEAGE Casing for ton miles BOUGL 70/30 poz ge)		DDUCT	UNIT PRICE	1030.00
CODE 5401 5406 5402 5407 5502C	1 640 V2 min 1 85 250 # 172 #	PUMP CHARGE MILEAGE Casing for ton miles BOVAC 70130 poz gel galt		DUCT		1030.00
CODE 5401 5406 5402 5407 5502C 1127 1127 1127 11183 1111 1107A	1 640 V2 min 1 85 250 # 172 #	PUMP CHARGE MILEAGE Casing for ton miles BOVAC 70130 poz gel galt		DUCT		1030.00
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CODE <u>5401</u> <u>5402</u> <u>5407</u> <u>5502C</u> <u>1127</u> <u>1127</u> <u>1127</u> <u>1127</u> <u>1117</u> <u>1117</u> <u>1107A</u> <u>440</u> <u>440</u>	1 640 V2 min 1 85 250 # 172 #	PUMP CHARGE MILEAGE Casing for ton miles BOVac 70/30 poz gel gel gel gel gel gel gel gel			UNIT PRICE	1030.00
CODE 5401 5406 5402 5407 5502C 1127 1127 1127 11183 1111 1107A	1 660 1/2 min 1 85 250# 172# 13# 1	PUMP CHARGE MILEAGE Casing for ton miles BOVac 70/30 poz gel gel gel gel gel gel gel gel				1030.00

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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

March 20, 2012

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

Re: ACO1 API 15-059-25861-00-00 Carter A BSP-CA49 NW/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