

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1082203

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:	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 #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
□ Oil □ WSW □ 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: □ Well Name:	Producing Formation: Elevation: Ground: Kelly Bushing: Feet Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: sx cmt.
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name:
GSW Permit #:	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date	Quarter Sec. TwpS. 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:

Page Two



Operator Name:				_ Lease l	Name: _			Well #:		
Sec Twp	S. R	East V	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres o surface test, along	sures, whether s with final chart(shut-in pre s). Attach	ssure reac extra shee	hed stati t if more	c level, hydrosta space is neede	itic pressures, bot d.	tom hole temp	erature, flui	d recovery,
Final Radioactivity Lo- files must be submitte						gs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital el	ectronic log
Drill Stem Tests Taker (Attach Additional S		Yes	No				on (Top), Depth ar			mple
Samples Sent to Geo	logical Survey	Yes	☐ No		Nam	e		Тор	Da	tum
Cores Taken Electric Log Run		☐ Yes ☐ Yes	☐ No ☐ No							
List All E. Logs Run:										
			CASING		☐ Ne					
	0: 11-1-	· ·				ermediate, product		// OI	T	d Damasat
Purpose of String	Size Hole Drilled	Size Cas Set (In O		Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used		d Percent itives
		AD	DITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Ce	ement	# Sacks	Used	Type and Percent Additives				
Perforate Protect Casing										
Plug Back TD Plug Off Zone										
Did you perform a hydrau	•					Yes	No (If No, ski	p questions 2 ar	nd 3)	
Does the volume of the to							= :	p question 3)	of the ACO	()
Was the hydraulic fractur	ing treatment information	on submitted to the	e chemicai d	isciosure re	gistry?	Yes	No (If No, fill	out Page Three	or the ACO-1	<i>)</i>
Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/ Specify Footage of Each Interval Perforated					cture, Shot, Cement mount and Kind of Ma		d	Depth		
TUBING RECORD:	Size:	Set At:		Packer A	i:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or Ef	NHR. Prod	ducing Meth	ıod:		1				
			Flowing	Pumpin	g	Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er B	bls. (Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		M	METHOD OF	COMPLE	ETION:		PRODUCTION	ON INTERVA	
Vented Sold		Open		Perf.	Dually	Comp. Cor	mmingled			
	bmit ACO-18.)		(Specify)		(Submit)	ACO-5) (Sub	mit ACO-4)			

JTC Oil, Inc.

Orillers Log

Well Name Carter A BSI-CA 42	×
API# 15 15-059-25856-00-00	Cement Amounts
Surface Date 3/21/12 20 ft 7	3 Sacks
Cement Date 3/26/12	A COLATA MINISTERIO (COLATA MINISTERIO)
Well Depth 700	

Casing Depth 689.5

		Drillers Log	
<u>Formation</u>	<u>Depth</u>	<u>Formation</u>	Depth
top soil	0		
shale	3		
lime	20		
shale	34		
lime	138		
shale	140		
lime	164		
red bed	166		
shale	172		
lime	207		
shale	222		
lime	230		
black shale	262		
lime	268		
coal	292		
lime	295		
shale	308		
lime	470		
shale	487		
lime	543		
shale	545		
lime	556		
shale	558		
lime	569		
black shale	570		
lime	575		
shale	578		
top oil sand	614-617 v g	ood	
	617-620 v g	ood	
	620-623 v g	ood	
	623-626 v g	ood	

626-629 v good 629-632 good 632-635 ok

635-637 shale

shale stop drilling

635

casing pipe

700 689.5



TICKET NUMBER	36508
LOCATION DYJ-	1424
FOREMAN / a	1 Made

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

FIELD TICKET & TREATMENT REPORT

DATE	CUSTOMER#	WELL NAME & NUMBER	OFOTION. I TOLINIO		
DATE 10	COSTONIER#	VELL NAIVIE & NOIVIBER	SECTION TOWNSH		COUNTY .
301-12	2579 (Cart	en A BSI CA42.	56 17 18	-121	IR
CUSTOMER	Jan Roca		70.00		
MAILING ADDRES	Jex Desou	irces	TRUCK# DRIVER		DRIVER
WAILING ADDRES) 6 / m	M Surer	Meer
10975	Grand view	i Un	360 Ggy	n GM	
CITY .	STATE	ZIP CODE	69 Decek 1	1. 000	
DVErlau	rd Pack		548 Mike	H MIL	***************************************
JOB TYPE CON		HOLE DEPTH	700 CASING SIZE	= 9 MEIGHT	
CASING DEPTH_		***************************************	ASING SIZE		<u> </u>
				OTHER	
SLURRY WEIGHT	1.4	D	1	FT in CASING 1/7	2)
DISPLACEMENT_	DISPLACE		DO RATE	10pm	
REMARKS: //	eld every i	1eet Establi	shed vate,	Mixed	- K
Qumpe	d 100 7 9	el tollowed by	1 98GK 7		nent
Olus	5% (Salt. 8	170 art. 42 # Ph	eno Geal Re		
Circi	Tato of 100	ment Flush	ed Pumpi	7	0 -10-
1	C. C. C. T.	11) 01/ 100/0	RAS SOT	- JANIPER	2-12-13
10 0	4525	Well NEW	-900 FSI	rae 30	Mina.
1/1/1/2	OFF FLOO	ati Closed v	9(00.		
					-
<u> </u>	. Orilling				
-				8	
	-		. //.	land Ma	. San I
ACCOUNT	OLIABION - VINITO	PECODISTION - COP	31053 5000105	<u> </u>	
CODE	QUANITY or UNITS	DESCRIPTION OF SE	RVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	400000000000000000000000000000000000000	7,7,7	1030.0
T406	· Wanger	MILEAGE		And the second s	10000
5400	689	Casine to	N. C. C.		
3457			235		A CONTRACTOR
3300	- 12 KIN	tou mile	5		175,00
33020		80 vac			180.00
				,	The state of the s
1127	983K	70/30 cemp	4		1244.60
11017	220#	7	V J		1371.00
11100		<u>-: 58/</u>			13/12
	198tt	Salt			73.26
1107A	49#	Pheno seal			13 21
4402	1	21/2 Dlyn			28.00
·- : .					60.00
,	A STATE OF THE STA		79		
·		A -	<u>C, </u>		
		- 1 - 1 - 1 - 2			
		14X10	20		. %
		(/ 1000			
	44.400			CALFOTAY	114 3/-
			· ·		
lavin 3737	0101	*		SALES TAX ESTIMATED	111100
avin 3787	Q.1. D: 3			ESTIMATED TOTAL	2965,5
avin 3737	John Carri	TITLE		ESTIMATED	2965.5

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

May 22, 2012

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

Re: ACO1

API 15-059-25856-00-00 Carter A BSI-CA42 SW/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