

Confidentiality Requested:

# KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1093618

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  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: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
GG GSW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
	feet depth to:w/sx cmt.
Well Name:	W/ W/ W/
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
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR         Permit #:	Operator Name:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec Twp S. 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 Approved by: Date:

	Page Two	1093618
Operator Name:	_ Lease Name:	Well #:
Sec TwpS. R East West	County:	
INCTRUCTIONS: Chause important tang of formations paratested	atail all aaraa Banart all final	conice of drill stome tests giving interval tested, time test

**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 Sheets)		Yes No		0	ion (Top), Depth and Datum		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 RECORD New Used Report all strings set-conductor, surface, intermediate, production, 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

 No
 (If No, skip questions 2 and 3)

 No
 (If No, skip question 3)

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

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated						Acid, Fracture, Shot, Ce (Amount and Kind	ement Squeeze Record <i>of Material Used)</i>	Depth	
TUBING RECORD: Size: Set At:			Pa	cker At	:	Liner Run:				
Date of First, Resumed	Producti	ion, SWD or ENHF	<b>}</b> .	Producing Method:	Pumping	g 🗌	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas Mcf		Wate	er	Bbls.	Gas-Oil Ratio	Gravity
		246.		меты		COMPLE			PRODUCTION INT	
DISPOSITION OF GAS:		Open Hole		Dually	Comp.	Commingled				
(If vented, Su	bmit ACC	9-18.)		Other (Specify)		(Submit A		(Submit ACO-4)		

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# JTC Oil, Inc.

Drillers Log

Well Name Carter BBSP CB 9API# 1515-059-26041-00-00Cement AmountsSurface Date 6/11/1220 ft,7"3 Sacks

Cement Date 6/13/12

Well Depth 700

Casing Depth 662.4

	Drill	ers Log	
Eormation	Depth	<b>Formation</b>	Depth
top soil	0		
shale	4		
lime	19		
shale	47		
lime	116		
shale	139		
lime	161		
shale	163		
red béd	166		
shale	179		
lime	208		
shale	224		
lime	230		
black shale	260		
lime	270		
coal	290		
lime	294		
shale	307		
lime	466		
shale	484		
lime shale	533		
shale	543		
lime	552		
shale	555		
lime	59 <del>9</del>		
shale	603		
top oil sa	607-610 good		
	610-613 v goo	bd	
	613-616 v goo	bd	
	616-618 brok	en	
shale	618		
#2 top oil sand	677-678 no oi	1	
	678-680 no oi	1	

BSPCB9

680-682 no oil shaleshale680stop drilling700casing pipe662.4

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A	CONSOLIDATED Off Well Services, LLC
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JTC Drilling

TICKET	NUMBER	<u>    37</u> :	<u>30</u>	2

LOCATION Offaura KS FOREMAN Ered Moder

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

## FIELD TICKET & TREATMENT REPORT 2 8 8 2 4 B. Swa

		-	CEMEN	IT			
DATE	CUSTOMER #		IBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/14/12 CUSTOMER	2579	Carter"3" BSP	<u>, CB9</u>	SE 18	18	21	FR
	ier Riso	urces Inc.		TRUCK #	u zu nozanium	新和常用的印度	
MAILING ADDRI	ÉSS*		7		DRIVER	TRUCK #	DRIVER
1005	e Gund			506	FREMAD	Safe by	mt
CITY CITY	5 Grand	STATE ZIP CODE	-	495	HARBES	NBF	J-
-	1 Park	KS 66210		.369	DERMAS	DM	
		HOLE SIZE $b$		548	MIKHAA	_MH	
CASING DEPTH		DRILL PIPE	_ HOLE DEPTH _ TUBING		CASING SIZE & W	EIGHT 21/g-	EUF
SLURRY WEIGH	іт	SLURRY VOL		·····		OTHER	
		DISPLACEMENT PSI	VEATER Galls	k	CEMENT LEFT in	CASING	Plug
		WISPLACEMENT PSI	MIX PSI				- /
REMARNS: CO	stablish	pump rate. M	Nx x Pur	ns 100#6	el Flush.	Mr. P.	
24	SKS 70,	30 IVE VIIIA CEN	new V/	5 Col 5% 5	01X 45 4 01		
Cen	uns to	Sulface. Flus	h perm	1 × / 100 -		Lano Seal	<u>s/L</u>
rub	ber alus	to casing TO	Proc	p crocs	<u>Crean.</u>	Splace .	2 <u>%</u>
Dres	ssure of	& set float Vo	<u> </u>	Sure ro	FOO PSI	. Kalease	<u> </u>
	<u></u>		LAVE,	SWFIN C	Lasing.		
					v v		

Jud Maden

	<i>d</i>			·······
ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	6	PUMP CHARGE		<u> </u>
5406	Domi	MILEAGE 4755		10300
5402	666	Casing Footage 495		<u>00.08</u>
5407	1/2 Minimum			NK
55020		60 00. 11 - 1		17500
		SV BBC Vac Truck 369	<u> </u>	13500
JJA7	96 sks	70/30 Por Mix Cement	· .	
1118B	269#			1219 20
	195 <sup>H</sup>	Premium Cel		5642
1107A		Granvlated Salt		7215
4402	12	Pheno Sono 22" Rubber Alve		6122
		2/2" Rubber plug	<u> </u>	28-00
			-{	
				111127
				1910 L
		ан <u>а на продоктивно на под 1884 година и продоктивно на продоктивно на продоктивно на продоктивно на продоктивно н</u> 		
		7.8%		
vin 3737	$\bigcirc$	250578	SALES TAX	11215
UTHORIZTION	こんし		TOTAL	296991
			DATE	

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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.

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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 Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner Sam Brownback, Governor

September 14, 2012

Marcia Littell Enerjex Kansas, Inc. 2038 S. PRINCETON ST., STE B OTTAWA, KS 66067

Re: ACO1 API 15-059-26041-00-00 Carter B BSP-CB9 SE/4 Sec.18-18S-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