

Kansas Corporation Commission Oil & Gas Conservation Division

141019

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
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? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: sx cmt
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Original Total Depth: Conv. to ENHR	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 TwpS. R
ENHR Permit #:	County: Permit #:
GSW Permit #:	. 5
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	nd base of formations pe it-in pressures, whether est, along with final char well site report.	shut-in pressure rea	ached static level,	hydrostatic press	sures, bottom h	nole temperature, fluid		
Drill Stem Tests Taker (Attach Additional S		Yes No		_og Formatio	n (Top), Depth an	d Datum	Sample		
Samples Sent to Geo	logical Survey	Yes No	Nar	ne		Тор	Datum		
Cores Taken Electric Log Run Electric Log Submittee (If no, Submit Copy		Yes No Yes No Yes No							
List All E. Logs Run:									
				lew Used					
D (0)	Size Hole	Report all strings set	t-conductor, surface, in Weight	termediate, product	on, etc. Type of	# Sacks	Type and Percent		
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.	Depth	Cement	Used	Additives		
Purpose:	Donth		AL CEMENTING / SQ	UEEZE RECORD					
Perforate	Depth Top Bottom	Type of Cement	Type of Cement # Sacks Used		Type and Percent Additives				
Protect Casing Plug Back TD									
Plug Off Zone									
Shots Per Foot	PERFORATI	ON RECORD - Bridge Plu	ıgs Set/Type		cture, Shot, Cement				
	Specify	Footage of Each Interval Pe	erforated	(Ai	mount and Kind of Ma	aterial Used)	Depth		
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No				
Date of First, Resumed	Production, SWD or EN	IHR. Producing Me		Gas Lift C	Other (Explain)				
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wa	iter B	bls. (Gas-Oil Ratio	Gravity		
	I								
DISPOSITION	ON OF GAS:		METHOD OF COMPL			PRODUCTIO	ON INTERVAL:		
Vented Sold		Open Hole			nmingled mit ACO-4)				
(If vented, Sui	bmit ACO-18.)	Other (Specify)							



Oil & Gas Well Drilling Water Wells Geo-Loop Installation

Phone: 913-557-9083 Fax: 913-557-9084

Paola, KS 66071

WELL LOG

Justin Energy Corporation North Hoehn #I-1 API #15-059-26,404 April 8 - April 9, 2013

Thickness of Strata	<u>Formation</u>	<u>Total</u>
4	soil & clay	4
17	lime	21
7	shale	28
10	lime	38
5	shale	43
15	lime	58
37	shale	95
21	lime	116
78	shale	194
21	lime	215
22	shale	237
8	lime	245
13	shale	258
4	li⊪ne	262 oil show
13	shale	275
3	lime	278
8	shale	28
3	lime	289
13	shale	302
27	lirne	329
4	shale	333
23	lirne	356 oil show
3	shale	3 59
21	lirne	380 base of the Kansas City
105	shale	485
5	broken sand	490 brown & green, good bleeding
26	shale 	516
2 25	lirne	518
25 4	shale	543
4 47	broken sand	547 brown & grey, good bleeding
2	shale	594
34	linne	596
4	shale	630
5	linne	634 brown, good bleeding
1	shale	639
1	broken sand	640 light brown sand, light grey shale
2.8	sand	641 light brown
0.4	oil sand	643.8 good bleeding
0.4	lime	644.2

North	Hoehn:	#1 4
иопп	Hoenn	#1-1

Page 2

2.8	oil sand	647 good bleeding
1.2	lime	648.2
19.8	oil sand	668 good bleeding
1	dark sand	669 looks tight, no bleeding
7	broken sand	676 50% brown bleeding sand, 50% grey shale
4	oil sand	680 black
26	shale	706
4	broken sand	710 brown & grey, light oil show
13	silty shale	723
6	broken sand	729 brown, light oil show
3	shale	732 TD

Drilled a 9 7/8" hole to 22.3' Drilled a 5 5/8" hole to 732'

Set 22.3' of 7" surface casing with 6 sacks of cement.

Set 722' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, and 1 clamp.

	Core Times	3
	<u>Minutes</u>	Seconds
640		53.6
641		52.3
642		46.7
643 644		39.6
645	4	39.5
646	1	11.6
647		41.7
648		29.7 30.8
649	1	22.7
650	•	44.2
651		25.2
652		49.4
653		28.4
654		27.7
655		28
656		30.5
657		27.9
658		36.9
659		30.3
660		30.8
661		31.9
662		34.4
663 664		31.7
665		33.9
666		36.5
667		33.1 35.9
668		35.9 41.5
669		40.9
670		38.7
671		36.5
672		42.1
673		46.8
674		45.7
675		42.3
676		48.9
677		44.6
678		45.2
679		38.7
680 681		30.5
001		38.7



257987

LOCATION O Hawa KS
FOREMAN Fred Mades

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

FIELD TICKET & TREATMENT REPORT

4174 N. Hoch #I.I NED 16 21 FR JUST NE Energy Corp. MALING ADDRESS 4071 W 247-9 St GITY STATE DEPOODE WE STATE DEPOODE WE SURRY WEIGHT DISPLACEMENT 92 BURRY VOL. SURRY WOLL SURRY WOLL SURRY WOLL MATER SALES TAX FOR MALE SET TUSING OTHER SURRY WOLL MATER SALES TAX FOR MALE SET TO PUMP FAIL TO CASHING SIZE A WEIGHT 28 EVE TO THER SURRY WOLL MATER SALES TAX FOR MALE STATE TO THER SURRY WOLL MATER SALES TAX FOR MALE STATE TO THER SURRY WOLL MATER SALES TAX FOR MALE STATE FOR MALE STATE TO THER SURRY WOLL MATER SALES TAX FOR MALE STATE TO THER SURRY WOLL MATER SALES TAX FOR MALE STATE TO THER SURRY WOLL MATER SALES TAX FOR MALE STATE TO THER TO THER SURRY WOLL MATER SALES TAX TO THE SALES TAX TO THER TO THE	DATE	CUSTOMER# V	VELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
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DESTINATED	40971	W 247+4 S+		495			7 11/2
Wellswitte NS 66972 STYN HOLE SIZE 571/K HOLE DEPTH 732 CASING SIZE & WEIGHT 2/6 KUE CASING DEPTH 722 DRILL PIPE TUBING SLURRY WEIGHT SLURRY VOL WATER GAINK CEMENT LEFT IN CASING 2/2 Pluy MIX PSI RATE 5 APM PREMARKS: Hold Crow Much Establish pump rato. Mix Pamp 100 F CA FLUSH Mix + Pump 1945 KS 50/50 PAMMix Camber 2/2 Call. Cement TO SUN face Flush pump + Ims clean Displace 2/2 Rubbur Plus to casing the tressure to good PSI. Hold & Manifor ACCOUNT CODE QUANTY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT WITT PRICE TOTAL ACCOUNT CODE QUANTY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT WITT PRICE TOTAL ACCOUNT CODE QUANTY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT WITT PRICE TOTAL ACCOUNT CODE QUANTY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT WITT PRICE TOTAL ACCOUNT CODE QUANTY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT WITT PRICE TOTAL ACCOUNT CODE QUANTY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT WITT PRICE TOTAL ACCOUNT CODE QUANTY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT WHITT PRICE TOTAL ACCOUNT CODE QUANTY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL ACCOUNT CODE QUANTY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL ACCOUNT CODE QUANTY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL ACCOUNT CODE QUANTY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL ACCOUNT CODE QUANTY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL ACCOUNT CODE ACCOUNT CODE QUANTY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL ACCOUNT CODE ACCOUNT CODE QUANTY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL ACCOUNT CODE ACCOUNT CODE ACCOUNT CODE ACCOUNT CODE ACCOUNT CODE ACCOUNT CODE QUANTY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL ACCOUNT CODE AC	CITY	STATE	ZIP CODE	369			
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UTHORIZTIONTITLE	UTHORIZTION	11 12.6				TOTAL	2618.12

l 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 for