



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1190270  
OIL & GAS CONSERVATION DIVISION

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 # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       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: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- Deepening       Re-perf.       Conv. to ENHR       Conv. to SWD
- Plug Back       Conv. to GSW       Conv. to Producer
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27       NAD83       WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

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: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

Drilling Fluid Management Plan

*(Data must be collected from the Reserve Pit)*

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. 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: \_\_\_\_\_

1190270

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No  List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> 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 / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  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, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

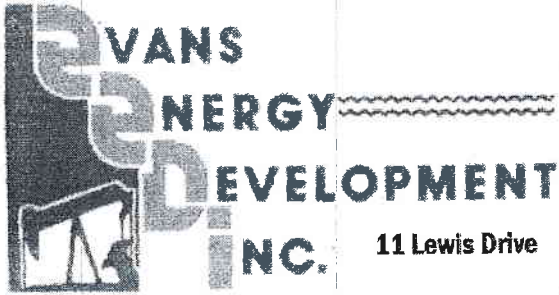
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling  
Water Wells  
Geo-Loop Installation**

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

**WELL LOG**

Justin Energy Corporation  
North Hoehn #1-2  
API #15-059-26,405  
January 21 - January 22, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
6	soil & clay	6
21	broken lime	27
7	shale	34
11	lime	45
5	shale	50
16	lime	66
35	shale	101
20	lime	121
3	shale	124
2	lime	126
75	shale	201
21	lime	222
24	shale	246
6	lime	252
31	shale	283
5	lime	288
7	shale	295
1	lime	296
16	shale	312
3	lime	315
9	shale	324
12	lime	336
10	shale	346
19	lime	365
5	shale	370
5	lime	375
2	shale	377
5	lime	382 oil show base of the Kansas City
52	shale	434
4	sand	438 green, gassy
2	silty shale	440
56	shale	496
3	broken sand	499 90% brown sand 10% shale good bleeding
27	shale	526
10	lime	536 oil show
12	shale	548
6	broken sand	554 brown & green sand ok bleeding
22	shale	576

1	coal	577
6	shale	583 black
8	lime	591
14	shale	605
2	lime	607 brown no oil
2	shale	609 black
1	coal	610
6	shale	616
2	lime	618
3	shale	621
3	lime	624
5	shale	629
2	lime	631
6	shale	637
4	lime	641 brown lime good bleeding
2	lime	643
7	shale	650
1	broken sand	651 20% brown sand 80% shale light bleeding
19	oil sand	670 light brown sand, minimal bleeding
9	oil sand	679 brown sand ok bleeding
4	broken sand	683 65% brown sand 35% shale good bleeding (gassy)
1.5	oil sand	684.5 brown sand good bleeding
3.5	broken sand	688 60% brown & grey sand 40% shale good bleeding
0.5	black sand	688.5 good oil show
3.5	broken sand	692 20% brown sand 80% shale good bleeding
4	black sand	696
34	shale	730 TD

Drilled a 9 7/8" hole to 21.8'

Drilled a 5 5/8" hole to 730'

Set 21.8' of 7" casing threaded and coupled cemented with 6 sacks of cement.

Set 719' of new 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
650	1	8
651	1	10
652		35
653		37
654		40
655		35
656		40
657		41
658		36
659		38
660		44
661		34
662		29
663		35
664		39
665		37
666		39
667		36
668		36
669		38
670		39
671		43
672		46
673		44
674		50
675		58
676	1	0
677	1	15
678		49
679		48
680		42
681		38
682		38
683		38
684		42
685		41
686		43
687		41
688		42



**CONSOLIDATED**  
Oil Well Services, LLC

265589

TICKET NUMBER 42564  
LOCATION Ottawa  
FOREMAN Alan Mader

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-22-14	4174	N Hope J-2	NE 20	16	21	FR
CUSTOMER Justin Energy			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 40971 W 247th			730	Ala Mad	Safety	Meat
CITY Wellsville	STATE KS	ZIP CODE 66092	368	Al Mad		
JOB TYPE <u>long string</u>	HOLE SIZE <u>5 5/8</u>	HOLE DEPTH <u>729</u>	369	Der Mas		
CASING DEPTH <u>719</u>	DRILL PIPE	TUBING	538	Kei Kar		
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	OTHER			
DISPLACEMENT <u>4.2</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	CEMENT LEFT IN CASING <u>Yes</u>			
REMARKS:			RATE <u>46ppm</u>			

100# gel followed by 105 gal 50/150 cement plus 2 1/2 gal. Circulated cement. Flushed pump. Pumped plug to casing TD, well held 800 PST for 30 minute MIT. Set float. Closed valve.

Evans, Mitchell

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	20	MILEAGE	368	1085.00
5402	719	Casing footage	368	84.00
5407	min	ton miles	368	
5502C	2	80 wac	358	368.00
			369	180.00
1124	105	50/150 cement		1207.50
1118B	276#	gel		60.72
4402	1	2 1/2 plug		29.50

Rev 3737

SALES TAX ESTIMATED TOTAL 99.28  
TOTAL 3714.00

AUTHORIZATION

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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