



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1201295
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
-----------------------------------	-----------------	---

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: _____

1201295

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
--	---

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)*

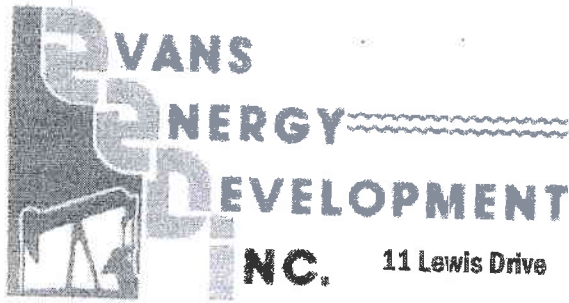
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------	-------	---------	------------	---

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> _____
---	--

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <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> _____	PRODUCTION INTERVAL: _____ _____
--	--	---



INC.

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 #3

API #15-059-26,394

November 17 - November 20, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
9	soil & clay	9
21	lime	30
6	shale	36
11	lime	47
5	shale	52
18	lime	70
33	shale	103
25	lime	128
75	shale	203
21	lime	224 making water
24	shale	248
6	lime	254
18	shale	272
2	lime	274
10	shale	284
7	lime	291
6	shale	297
1	lime	298
17	shale	315
22	lime	337 light oil show
7	shale	344
25	lime	369
3	shale	372
12	lime	384 base of the Kansas City making water & light oil show
149	shale	533
7	lime	540
2	shale	542
2	silty shale	544
3	broken sand	547 light bleeding
3	silty shale	550
1	broken sand	551 brown sand & shale, light bleeding
9	oil sand	560 brown & green, good bleeding
20	shale	580
2	coal	582
5	shale	587
8	lime	595
13	shale	608
4	lime	612 brown, no show
1	shale	613

North Hoehn #3

Page 2

1	coal	614
4	shale	618
9	lime	627
5	shale	632
1	lime	633
5	shale	638
2	lime	640
3	brown lime	643 soft, good bleeding
2	lime	645
5	shale	650 white, green
1.5	broken sand	651.5 15% brown sand 85% shale, light bleeding
14.5	oil sand	666 brown light bleeding (gassy?)
6	oil sand	672 brown good bleeding
1	oil sand	673 brown, no bleeding
8.5	oil sand	681.5 brown, good bleeding
3	oil sand	684.5 black, no bleeding
2	oil sand	686.5 broken, black bleeding sand & grey shale
33.5	shale	720 TD

Drilled a 9 7/8" hole to 22.2'

Drilled a 5 5/8" hole to 720'

Set 22.2' of 7" casing threaded and coupled cemented with 6 sacks of cement.

Set 712' 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	38
651	48
652	35
653	41
654	37
655	43
656	44
657	42
658	34
659	41
660	38
661	42
662	36
663	34
664	37
665	39
666	40
667	41
668	45
669	42
670	45
671	45
672	43
673	42
674	49
675	42
676	51
677	49
678	39
679	37
680	45
681	41
682	45
683	49
684	42
685	48
686	52
687	1
688	47
689	44



CONSOLIDATED
Oil Well Services, LLC

265516

TICKET NUMBER 42561
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
1-20-14	4174	N Hoeha #3	NE 20	16	21	EX
CUSTOMER Justin Energy			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 40971 W 247th			730	Alan Mader	368	Safety Meet
CITY Wellsville			368	Alan Mader	369	Der Mas
STATE KS			358	Der Mas		
ZIP CODE 66092						

JOB TYPE log string HOLE SIZE 5 7/8 HOLE DEPTH 720 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 712 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 4.1 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: held meeting. Established rate down casing. Mixed & pumped 100# gel followed by 103 sk 30.50 cement plus 2% gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 P.S.T. Set float. closed valve.

Fickus, Mitchell

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	20	MILEAGE	30.6	84.00
5402	712	casing footage	368	368.00
5407	n/a	ton miles		182.00
5503C	2	80 wag	369	1184.50
1124	103	50 150 cement		60.06
1183	273#	gel		29.50
4402	1	2 1/2 plug		
			SALES TAX	97.46
			ESTIMATED TOTAL	3088.52

Ravin 3737

AUTHORIZATION

[Signature]

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 for

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/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

May 12, 2014

Justin Hoehn
Justin Energy Corporation
40971 W 247TH ST.
WELLSVILLE, KS 66092

Re: ACO-1
API 15-059-26394-00-00
North Hoehn 3
NE/4 Sec.20-16S-21E
Franklin County, Kansas

Dear Justin Hoehn:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 11/17/2013 and the ACO-1 was received on April 28, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department