



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237857
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: _____



1237857

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)*

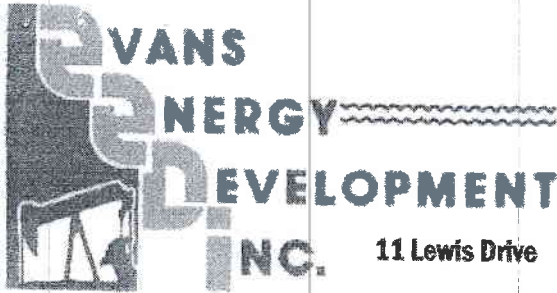
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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

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: _____ _____
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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
R&M Hoehn #1
API #15-059-26,712
June 26 - June 27, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
8	soil & clay	8
11	lime	19
6	shale	25
11	lime	36
3	shale	39
16	lime	55
25	shale	80
3	lime	83
7	shale	90
18	lime	108
84	shale	192
21	lime	213
26	shale	239
5	lime	244
16	shale	260
7	broken sand	267 brown & green ok bleeding
7	shale	274
5	lime	279
24	shale	303
23	lime	326
6	shale	332
24	lime	356
4	shale	360
15	lime	375 base of the Kansas City
145	shale	520
7	lime	527
12	shale	539
10	broken oil sand	549 green ok bleeding
16	silty shale	565
1	coal	566
7	shale	573
2	lime	575
18	shale	593
3	lime	596
1	shale	597
1	coal	598
18	shale	616
1	lime	617
9	shale	626

3	lime	629 light bleeding
6	shale	635
2.5	broken sand	637.5 brown & green 90% bleeding
5	oil sand	642.5 brown 100% bleeding
0.5	broken sand	643 brown & green 10% bleeding
1.5	oil sand	644.5 black 80% bleeding
1.5	limey sand	646
5.5	broken sand	651.5 brown & green 70% bleeding
1	shale	652.5
1.5	broken sand	654 brown & green light bleeding
34	shale	688
2	broken sand	690 brown & grey light oil show
		690 TD

Drilled a 9 7/8" hole to 22.6'

Drilled a 5 5/8" hole to 690'

Set 22.6' of 7" casing cemented with 5 sacks of cement.

Set 680' 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>
636	34
637	29
638	21
639	29
640	27
641	28
642	29
643	31
644	29
645	52
646	51
647	35
648	40
649	38
650	38
651	34
652	42
653	37
654	41
655	39



CONSOLIDATED
Oil Well Services, LLC

269180

TICKET NUMBER 47355
LOCATION Attawa, KS
FOREMAN Carey Kennedy

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
6/27/14	4174	RM Hoban #1	NE 20	16	21	FR
CUSTOMER			TRUCK #			
Justin Energy Corp			729	Casey	✓	Safety Meeting
MAILING ADDRESS			666	KeiCar	✓	
40971 W 247th			503	Trotter	✓	
CITY	STATE	ZIP CODE	369	Mikhaa	✓	
Wellsville	KS	666092				
JOB TYPE	long string	HOLE SIZE	5 5/8"	HOLE DEPTH	690'	CASING SIZE & WEIGHT
CASING DEPTH	680'	DRILL PIPE		TUBING		2 7/8" EUE
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		OTHER
DISPLACEMENT	3.94 bbls	DISPLACEMENT PSI		MIX PSI		CEMENT LEFT in CASING
REMARKS	held safety meeting, established circulation, mixed & pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 92 sks 50% Pozmix cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 3.94 bbls fresh water, pressured to 800 PSI, released pressure, shut-in casing.					

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	15 mi	MILEAGE		1085.00
5402	680'	casing footage		63.00
5407	minimum	ton mileage		368.00
5502C	2 hrs	80 vac ✓		200.00
1124	92 sks	50% Pozmix cement	1058.00	
1118B	355 #	Premium Gel	78.10	
		materials	1136.10	
		- 30%	340.83	
		subtotal		795.27
4402	1	2 1/2" rubber plug		29.50
				2970.77
			7.65%	SALES TAX 63.10
				ESTIMATED TOTAL 2603.87

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 form.