



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1255948
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: _____



1255948

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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)*

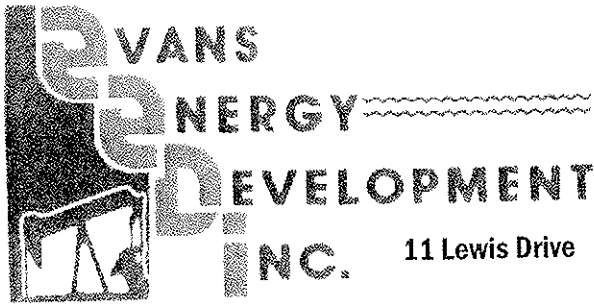
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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> <i>(Submit ACO-4)</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
North Hoehn #12
API #15-059-26,834
June 16 - June 17, 2015

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
10	soil & clay	10
18	lime	28
5	shale	33
11	lime	44
5	shale	49
16	lime	65
19	shale	84
4	lime	88 oil show
10	shale	98
24	lime	122
3	shale	125
5	lime	130
73	shale	203
21	lime	224
11	shale	235
4	lime	239
11	shale	250
5	lime	255
19	shale	274
3	broken sand	277 brown & grey, light bleeding
9	shale	286
5	lime	291
6	shale	297
2	lime	299
16	shale	315
23	lime	338 oil show
7	shale	345
23	lime	368
2	shale	370
16	lime	386 base of the Kansas City
145	shale	531
9	lime	540
5	shale	545
6	lime	551
14	broken sand	565 brown & green, ok bleeding
19	shale	584
5	lime	589
15	shale	604

3	limey sand	607 brown
21	shale	628
2	limey sand	630
6	shale	636
7	limey sand	643 brown & white, good bleeding
4	shale	647
1	limey broken sand	648 brown and white, 90% bleeding
0.5	limey sand	648.5 white, no oil
1.5	limey broken sand	650 brown & white, 90% bleeding
10	oil sand	660 brown 100% bleeding
1	limey broken	661 brown & white, 90% bleeding
4	broken sand	665 brown & green, 70% shale 30% sand 10% bleeding
42	shale	707 TD

Drilled a 9 7/8" hole to 22.7'

Drilled a 5 5/8" hole to 707'

Set 22.7' of 7" surface casing with 5 sacks of cement.

Set 697' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp

Core Times

	<u>Minutes</u>	<u>Seconds</u>
648	1	3
649	1	21
650		35
651		24
652		24
653		23
654		25
655		26
656		25
657		26
658		31
659		29
660		31
661		35
662		41
663		30
664		30
665		31
666		42
667		38
668		37



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 51044
LOCATION Ottawa KS
FOREMAN Fred Maden

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
6-17-15	4174	No. Hoehn # 12	NW 20	16	21	FR
CUSTOMER			TRUCK #			
Mailing Address			DRIVER		TRUCK #	
CITY			DRIVER		TRUCK #	
STATE			DRIVER		TRUCK #	
ZIP CODE			DRIVER		TRUCK #	
Wellsville			Fred Mad			
KS			Har Bae			
66092			Kaidax			
			Bro Bir			

Justin Energy Corp
40971 W 247th St
Wellsville KS 66092

JOB TYPE Log string HOLE SIZE 5 7/8" HOLE DEPTH 710 CASING SIZE & WEIGHT 2 7/8 EBF
CASING DEPTH 697 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
DISPLACEMENT 4.05 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold Safety meeting. Establish pump rate. Mix + Pump 100# Gel
Flush. Mix & Pump 5KS Por Blend IA Cement 2% Gel. Cement
to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug
to casing TD. Pressure to 800# PSI. Release pressure to set
float valve. Shut in casing.

Evans Energy Dev. Inc. - Travis Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500.00
CE0002	20 mi	MILEAGE	495	143.00
CE0711	Minimum	Ten Miles Delivery	540	660.00
WE0853	1 1/2 hr	80 BBL. Vac Truck	675	1500.00
		Sub Total		2453.00
		Less 39%		-956.67
				1496.33
CP8176	1	2 1/2" Rubber Plug	45.00	
CC5840	98.6 ks	Por Blend IA Cement	1323.00	
CC5965	265 #	Bentonite Gel	79.50	
		Sub Total		1447.50
		Less 39%		-564.53
				882.97
		7.65%	SALES TAX	67.55
			ESTIMATED TOTAL	2446.55

Revin 3737 AUTHORIZATION [Signature] TITLE _____ DATE 40.11.23

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.