



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1255950
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: _____



1255950

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)*

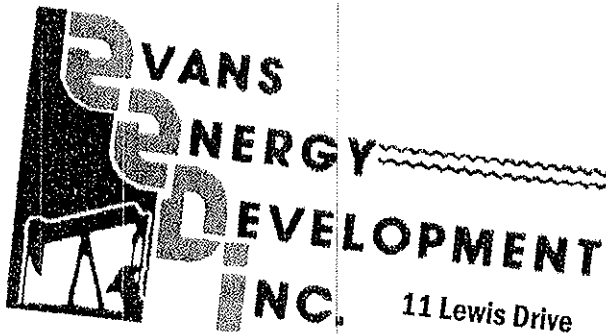
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____ <i>(Submit ACO-4)</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 I-4
API #15-059-26,824
June 12 - June 16, 2015

Thickness of Strata

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
8	soil & clay	8
6	shale	14
17	lime	31
6	shale	37
11	lime	48
9	shale	57
11	lime	68
34	shale	102
23	lime	125
79	shale	204
22	lime	226
26	shale	252
4	lime	256
29	shale	285
6	lime	291
24	shale	315
26	lime	341 oil show
7	shale	348
21	lime	369
4	shale	373
14	lime	387 base of the Kansas City
147	shale	534
8	lime	542
9	shale	551
8	broken sand	559 brown & green, ok bleeding
28	shale	587
4	lime	591
17	shale	608
2	lime	610 brown
3	shale	613
1	coal	614
6	shale	620
7	lime	627
4	shale	631
4	lime	635
7	shale	642
5	lime	647 good bleeding
12	shale	659

2.5	broken sand	661.5 brown & green, no bleeding
5.5	broken sand	667 brown & green, 70% bleeding
2	limey sand	669 white, no oil
0.5	broken sand	669.5 brown & green, 70% bleeding
1	limey sand	670.5
5	broken sand	675.5 brown & green, good bleeding
2.5	oil sand	678 brown, light bleeding
5.5	broken sand	683.5 brown & green, good bleeding
49.5	shale	733 TD

Drilled a 9 7/8" hole to 22.7'

Drilled a 5 5/8" hole to 733'

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

Set 723' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp, and 1 baffel.

Core Times		
	<u>Minutes</u>	<u>Seconds</u>
660		47
661		50
662	1	15
663		48
664		38
665		32
666		33
667	1	21
668		48
669		35
670		33
671		27
672		21
673		23
674		26
675		30
676		26
677		43
678		35
679		40
680		51
681		40
682		35
683	1	24
684	1	18
685	1	8
686		33
687		52
688		47
689		37
690		43
691	1	0
692		48
693		50
694		51
695		53
696		39
697		48
698		45
699		51



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 51030
LOCATION Ottawa KS
FOREMAN Fred 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
6.16.15	4174	No. Hoehn # I-4	NW 20	16	21	FR
CUSTOMER			TRUCK #			
Justin Energy			712	Driver	TRUCK #	DRIVER
MAILING ADDRESS			467	Kei Cav		
40971 247th St			675	Kei Dak		
CITY			548	Ar/Mad		
Wellsville						
STATE						
KS						
ZIP CODE						
66092						

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 730' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 723 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 2 1/2" Plug
 DISPLACEMENT 41.2 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold safe by mixing, Establish pump rate, Mix & Pump 100# Gel Flush, Mix & Pump 100 sks Poz 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. Monitor pressure for 30 min MIT. Release pressure to set float valve.

Evans Energy Dev. Inc - Travis Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	467	1500 ⁰⁰
CE0002	20 mi	MILEAGE	467	143 ⁰⁰
CE0711	Minimum	Ten Miles Delivery	548	660 ⁰⁰
WE0853	1 1/2 hr	80 BBL Vac Truck	675	150 ⁰⁰
		Sub Total		2453 ⁰⁰
		Less 39%		956 ⁶⁷
				1496 ³³
CC5840	100 sks	Poz Blend IA		1350 ⁰⁰
CC5965	265#	Redtorite Gel		80 ⁴⁰
CP8176	1	2 7/8 Rubber Plug		45 ⁰⁰
		Sub Total		1475 ⁴⁰
		Less 39%		575 ⁴¹
				899 ⁹⁹
			7.65%	68 ⁸⁵
			SALES TAX	
			ESTIMATED	
			TOTAL	2465 ¹⁷

AUTHORIZATION [Signature] TITLE _____ DATE 4041.27

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.