



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1054529

Form ACO-1

June 2009

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
- ☐ Conv. to GSW
- ☐ Plug Back: _____ Plug Back Total Depth _____
- ☐ Commingled Permit #: _____
- ☐ Dual Completion Permit #: _____
- ☐ SWD Permit #: _____
- ☐ ENHR Permit #: _____
- ☐ GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or
Recompletion Date 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

☐ Letter of Confidentiality Received

Date: _____

☐ Confidential Release Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____

1054529

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken ☐ Yes ☐ No
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☐ No

Cores Taken ☐ Yes ☐ No

Electric Log Run ☐ Yes ☐ No

Electric Log Submitted Electronically ☐ Yes ☐ No
(If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
Name Top Datum

CASING RECORD ☐ New ☐ 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 |
|---------------------|------------------|----------------|--------------|----------------------------|
| ____ Perforate | | | | |
| ____ Protect Casing | | | | |
| ____ Plug Back TD | | | | |
| ____ Plug Off Zone | | | | |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) | 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 (Explain) _____ | | | |
| 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 (If vented, Submit ACO-18.) | METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|--|--|--|

JTC Oil, Inc.

Drillers Log

Well Name Grosdidier I-4

Cement Amounts

Surface Date 1-6-11 40 ft 6.5

4 Sacks

Cement Date 1-13-11

Well Depth 740

Casing Depth 717

Drillers Log

| <u>Formation</u> | <u>Depth</u> | <u>Formation</u> | <u>Depth</u> |
|------------------|--------------|------------------|--------------|
| Soil | 0 | | |
| Shale | 4 | | |
| lime | 57 | | |
| shale | 94 | | |
| lime | 158 | | |
| shale | 172 | | |
| lime | 255 | | |
| shale | 269 | | |
| lime | 288 | | |
| shale | 301 | | |
| lime | 397 | | |
| shale | 422 | | |
| lime | 458 | | |
| shale | 558 | | |
| lime | 565 | | |
| shale | 618 | | |
| lime | 648 | | |
| shale | 654 | | |
| lime | 636 | | |
| shale | 644 | | |
| oil sand | 657-675 | | |
| shale | 676 | | |
| T.D. | 740 | | |



**CONSOLIDATED
OILFIELD SERVICES, LLC**

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

FIELD TICKET & TREATMENT REPORT

TICKET NUMBER 27345

LOCATION Ottawa KS

FOREMAN Fred Mader

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|--------------------|------------|----------------------|---------|----------|-------|--------|
| 1/12/11 | 2579 | S. Granddier # 4-I-4 | NE 31 | 13 | 21 | DG |
| CUSTOMER | | | | | | |
| Energy Resources | | | | | | |
| MAILING ADDRESS | | | | | | |
| 10975 Grandview Dr | | | | | | |
| CITY | STATE | ZIP CODE | | | | |
| Overland Park | KS | 66210 | | | | |

| TRUCK # | DRIVER | TRUCK # | DRIVER |
|---------|--------|---------|--------|
| 506 | Fred | Safety | Wt. |
| 495 | Casey | 611 | |
| 510 | Cecil | | |
| 505/TMG | Arlen | | |

| | | | |
|-----------------------------|------------------------|------------------------|--|
| JOB TYPE <u>Long string</u> | HOLE SIZE <u>6"</u> | HOLE DEPTH <u>230'</u> | CASING SIZE & WEIGHT <u>2 1/4" EOC</u> |
| CASING DEPTH <u>712'</u> | DRILL PIPE _____ | TUBING _____ | OTHER _____ |
| SLURRY WEIGHT _____ | SLURRY VOL _____ | WATER gal/sk _____ | CEMENT LEFT in CASING <u>2 1/2" Plug</u> |
| DISPLACEMENT <u>4.17</u> | DISPLACEMENT PSI _____ | MIX PSI _____ | RATE <u>4 BPM</u> |

REMARKS: Establish circulation. Mix Pump 200# Premium Gel Flush. Mix Pump 117 s/s 50/50 per mix Cement w/ 2% Gel $\frac{1}{2}$ " Phen Seal / s/s. Cement to surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug to casing TD w/ 4.17 BALS Fresh water. Pressure to 500# PSI & hold pressure for 30 min MIT. Release pressure to set float valve. Shut in casing.

ITC Drilling

Fred Maden

[illegible]

Rev'n 9737

AUTHORIZATION

Manuel Escobar

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.

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/>

Thomas E. Wright, Chairman
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

April 22, 2011

Marcia Littell
Energex Kansas, Inc.
27 CORPORATE WOODS, STE 350
10975 GRANDVIEW DR
OVERLAND PARK, KS 66210

Re: ACO1
API 15-045-21701-00-00
S. Grosdidier I-4
NE/4 Sec.31-13S-21E
Douglas County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Marcia Littell