



KANSAS CORPORATION COMMISSION 1059925
OIL & GAS CONSERVATION DIVISION

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 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

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: _____



1059925

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 <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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ 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 <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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McGown Drilling, Inc.

Mound City, Kansas

Operator:

Energex Kansas, Inc.
Overland Park, Kansas

Well: Carter A BSP-CA5
S-T-R 17-18S-21E
County: Franklin County, Kansas
API: 059-25567

Spud Date: 5/31/2011 **Surface Bit Size:** 11.25"
Surface Casing: 7" **Drill Bit Size:** 6.125"
Surface Length: 20.0'
Surface Cement: 6 sx 50/50 POZ by McGown Drilling

Driller's Log

Top	Bottom	Formation	Comments
0	14	Lime	
14	26	Shale / Grey Sand	
26	107	Shale	
107	128	Lime	
128	152	Shale	
152	154	Lime	
154	157	Shale	
157	169	Red Bed	
169	200	Shale	
200	212	Lime	
212	222	Shale	
222	253	Lime	
253	259	Shale with Black shale	
259	280	Lime	
280	283	Shale	
283	298	Lime	
298	458	Big Shale	
458	467	Lime	
467	522	Shale	
522	536	Lime	
536	541	Shale	
541	543	Lime	
543	554	Shale	
554	556	Lime	

556	560	Shale	
560	563	Lime	
563	580	Shale	
580	583	Lime	
583	590	Shale	
590	592	Sand with Shale	
592	593	White Muddy Shale	
593	600	Broken sand	Good oil show Best 596-599
600	610	Sandy shale	
610	667	Shale	
667	673	Sandy shale	Very light oil show
673	681	Shale	
681	682	Coal	
682	702	Shale	

702 TD

Coring

Core Run	Footage	Recovery
1	590'-610'	20'

Long String: 6/2/2011
685.85' 2 7/8" EUE off Enerjex tubing trailer



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 32566
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
6/6/11	2579	Carter A #BSP-C45	NW 17	18	21	FR			
CUSTOMER		TRUCK #		DRIVER		TRUCK #		DRIVER	
Emerjex Resources LLC		506		Fred		Safety		MAY	
MAILING ADDRESS		368		Ken		KH			
10975 Grandview DR		370		Arlen		ARM			
CITY		510		Derek		DM			
Overland Park		702'		Casing Size & Weight		2 1/2" CVF			
STATE		HOLE DEPTH		OTHER					
KS		6 1/2"							
ZIP CODE		TUBING		CEMENT LEFT in CASING		2 1/2" Plug			
66210				WATER gal/sk		RATE		4BPM	

JOB TYPE longstring HOLE SIZE 6 1/2" HOLE DEPTH 702' CASING SIZE & WEIGHT 2 1/2" CVF
 CASING DEPTH 685' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 3.95 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Check casing depth w/wireline. Mix Pump 100# Premium Gel
 Flush. Mix Pump 102 SKS 70/30 for mix cement 290 gal
 520 Salt 1/2# Phenol Seal/sack. Cement to surface. Flush
 pump + lines clean. Displace 2 1/2" Rubber plug to
 casing TD w/ 3.95 BBL Fresh water. Pressure to 700#
 PSI. Release pressure to set float valve. Shut in Casing

McGowan Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
				975 ⁰⁰
5401	1 of 4	PUMP CHARGE		N/C
5406	0	MILEAGE Truck on lease		N/C
5402	685	Casing Footage		166 ²⁰
5407	1/2 Minimum	100 Miles		135 ⁰⁰
5502C	1 1/2 hrs	80 BBL Vac Truck		
1127	102 SKS	70/30 Por. Mix Cement		1234 ²⁰
1118B	272#	Premium Gel		54 ⁴⁰
1111	197#	Granulated Salt		62 ²⁵
1107A	51#	Phenol Seal		28 ⁰⁰
4402	1	2 1/2" Rubber Plug		
		with 241841		
			7.8%	SALES TAX
				ESTIMATED TOTAL
				112 ⁹³
				2835 ⁶⁷

Ravin 3787

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/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

July 26, 2011

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

Re: ACO1
API 15-059-25567-00-00
Carter A BSP-CA5
NW/4 Sec.17-18S-21E
Franklin 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