



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1063043

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 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: _____

1063043

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: _____ _____
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McGown Drilling, Inc.

Mound City, Kansas

Operator:

Energex Kansas, Inc.
Overland Park, Kansas

Well: Johnston BSI-JO 1
S-T-R 17-18S-21E
County: Franklin County, Kansas
API: 059-25593

Spud Date: 6/9/2011 **Surface Bit Size:** 11.25"
Surface Casing: 7" **Drill Bit Size:** 6.125"
Surface Length: 20'
Surface Cement: 8 sx 50/50 POZ by McGown Drilling

Driller's Log

Top	Bottom	Formation	Comments
0	5	Soil & Clay	
5	18	Lime	
18	108	Shale	
108	127	Lime	
127	155	Shale	
155	157	Lime	
157	167	Red Bed	
167	200	Shale	
200	216	Lime	
216	223	Shale	
223	254	Lime	
254	261	Black shale with grey shale	
261	301	Lime	
301	465	Big Shale	
465	473	Lime	
473	526	Shale	
526	528	Black shale	
528	539	Lime	
539	550	SHale	
550	553	Lime	
553	563	Shale	
563	567	Lime	
567	572	Shale	
572	578	Lime	

578	593	Shale	
593	595	Lime	
595	614	Shale	
614	617.5	Broken sand	Fair oil show
617.5	622.5	Sand - good	Good oil show
622.5	630	Broken sand - shaly	Fair to light oil show
630	635	Sandy shale / shale	
635	682	Shale	

682 TD

Coring

Core Run	Footage	Recovery
1	610'-630'	20'

Long String: 6/13/2011
660.80' 2 7/8" EUE from yard racks

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

TICKET NUMBER 32611
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
6/16/11	2579	Johnston BSR-J01		SE 17	18	21	FR
CUSTOMER Enerjex Resources Inc MAILING ADDRESS 10975 Grandview DR CITY Overland Park STATE KS ZIP CODE 66210							
				TRUCK #	DRIVER	TRUCK #	DRIVER
				306	Fred	Safety	Wdy
				368	Ken	KH	
				370	Arlen	ARR	
				558	Cecil	CHP	

JOB TYPE <u>Long string</u>	HOLE SIZE <u>6 1/8</u>	HOLE DEPTH <u>680'</u>	CASING SIZE & WEIGHT <u>2 7/8 EUE</u>
CASING DEPTH <u>661'</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>2 1/2' Plug</u>
DISPLACEMENT <u>3.84</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>4.3 PM</u>

REMARKS: Check casing depth w/ wire line. Mix Pump 200# Premium Gel Flush. Mix Pump 98 sks 70/30 for Mix Cement 2% Gel 5% Salt 5# Kel Seal/sk. Cement to Surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug to casing TD w/ 3.84 BBL Fresh Water. Pressure to 750# PSI Release pressure to set float valve shot in casing.

McGowan Drilling

Food Model

[illegible]

Ravin 3737

AUTHORIZATION

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/>

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

Sam Brownback, Governor

September 09, 2011

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

Re: ACO1
API 15-059-25593-00-00
Johnston BSI JO-1
SE/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