

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1078034

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 #			API No. 15		
Name:			Spot Description:		
Address 1:			Sec.	TwpS. R	_
Address 2:			F6	eet from	outh Line of Section
City: S	State: Z	ip:+	Fe	eet from East / We	est Line of Section
Contact Person:			Footages Calculated from	Nearest Outside Section Cor	ner:
Phone: ()			□ NE □ NW	v □se □sw	
CONTRACTOR: License #			GPS Location: Lat:	, Long:	
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84	
Purchaser:			County:		
Designate Type of Completion:			Lease Name:	Well	#:
	e-Entry	Workover	Field Name:		
	_	_	Producing Formation:		
☐ Oil ☐ WSW ☐ D&A	☐ SWD	□ SIOW □ SIGW	Elevation: Ground:	Kelly Bushing:	
☐ OG	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total Dep	oth:
CM (Coal Bed Methane)	dow	тетір. дай.	Amount of Surface Pipe Se	et and Cemented at:	Feet
Cathodic Other (Co.	re, Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes N	lo
If Workover/Re-entry: Old Well Ir			If yes, show depth set:		Feet
Operator:			If Alternate II completion, o	cement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:	Original T	otal Depth:			
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Managemer	nt Plan	
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from t		
□ Oursesia stad	D		Chloride content:	ppm Fluid volume: _	bbls
CommingledDual Completion			Dewatering method used:		
SWD			Location of fluid disposal if	hauled offsite:	
☐ ENHR			Location of fluid disposal fi	nauleu onsite.	
GSW			Operator Name:		
<u> </u>			Lease Name:	License #:	
Spud Date or Date Re	eached TD	Completion Date or	QuarterSec	TwpS. R	
Recompletion Date		Recompletion Date	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 Approved by: Date:

Page Two



Operator Name:			Lease Name: _			Well #:		
Sec Twp	S. R	East West	County:					
open and closed, flow and flow rates if gas t	ving and shut-in presson surface test, along w	formations penetrated. I ures, whether shut-in pro vith final chart(s). Attach	essure reached stati n extra sheet if more	c level, hydrosta space is neede	itic pressures, bott d.	tom hole tempe	erature, fluid r	recovery,
		otain Geophysical Data a or newer AND an image		egs must be ema	ailed to kcc-well-lo	gs@kcc.ks.gov	v. Digital elec	tronic log
Drill Stem Tests Taken (Attach Additional	•	Yes No		_	on (Top), Depth ar		Samp	
Samples Sent to Geo	ological Survey	☐ Yes ☐ No	Nam	e		Тор	Datur	m
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No						
List All E. Logs Run:								
		CASING	RECORD Ne	ew Used				
		Report all strings set-	conductor, surface, inte	ermediate, product	ion, 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 P Additiv	
		ADDITIONAL	OFMENTING / OOL					
Purpose:	Depth		CEMENTING / SQL	JEEZE RECORD		araant Additiraa		
Perforate	Top Bottom	Type of Cement	# Sacks Used		Type and F	ercent Additives		
Protect Casing Plug Back TD								
Plug Off Zone								
Did you perform a hydra	ulic fracturing treatment o	on this well?		Yes	No (If No, ski	p questions 2 ar	nd 3)	
	=	raulic fracturing treatment ex	xceed 350,000 gallons		= ' '	p question 3)	,	
Was the hydraulic fractu	ring treatment information	n submitted to the chemical	disclosure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot		ON RECORD - Bridge Plug Footage of Each Interval Per			cture, Shot, Cement			Depth
	Сроспу Г	octago of Laon morvar i or	ioratou	(>1	mount and rand or ma	teriar Good)		<u> Борит</u>
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or EN							
Fotimeted Device C	0" -	Flowing			Other (Explain)) O" D "		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf Wate	er B	bls. G	Gas-Oil Ratio	Gr 	ravity
DISPOSITI	ON OF GAS:	1	METHOD OF COMPLE	ETION:		PRODUCTIO	ON INTERVAL:	
Vented Sold		Open Hole	Perf. Dually	Comp. Con	mmingled			
	bmit ACO-18.)	Other (Specify)	(Submit)	ACO-5) (Sub	omit ACO-4)		-	

JTC Oil, Inc.

Drillers Log

Well Name Russell BSP RL 5

API# 15 15-059-25876-00-00 Surface Date 12/12/11 20 ft 6.5 **Cement Amounts**

3 Sacks

Cement Date 12/29/11

Well Depth 700

Casing Depth 654

Drillers Log

<u>Formation</u>	<u>Depth</u>	<u>Formation</u>	<u>Depth</u>
top soil	0		
lime	1		
shale	10		
lime	94		
shale	125		
lime	137		
red bed	143		
shale	155		
lime	183		
shale	198		
lime	208		
shale	267		
coal	269		
lime	271		
shale	297		
red bed	430		
lime	437		
shale	465		
lime	556		
shale	571		
top oil sand	592-595 good		
	595-598 v good		
	598-600 v good		
	600-602 v good		
	602-605 v good		
	605-608 good		
	608-610 shale		
shale	608		
# 2 oil sand	664-665 no oil		
	665-666 no oil		
	666-669 shale		

shale 666 stop drilling 700 run casing pipe 654 BSP RL5



TICKET NUM	MBER	
LOCATION	Ottawa KS	
FOREMAN	Frad Mad.	

SALES TAX

ESTIMATED TOTAL

DATE_

Ravin 3737

AUTHORIZTION

	hanute, KS 6672 or 800-467-8676		LD TICKET	CEMEN		OICI		
DATE	CUSTOMER#		L NAME & NUME	CEMEN	SECTION	TOWNSHIP	DANIOE	
12/20/11	<u> </u>		#BSP_RL				RANGE	COUNTY
CUSTOMER	2579	Russel	-B3P-KC	. 0	SE 17	18	21	FR
	erger Res	SOU/ce/			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRI	ESS/				506	FREMAD	Safety	WK4
109	75 Grays	المالية المالية			495	HARBER	HAB	yurg
CITY	7.007.00	STATE	ZIP CODE			,		
Overla	ud Park	KS	66210		368	RYASIN	bm RS	
JOB TYPE Le		HOLE SIZE	6.	HOLE DEPTH		CASING SIZE & W		& EUF
CASING DEPTH	. (/ , ,	DRILL PIPE		TUBING		OAGING GIZE & VI	OTHER	8 EUF
SLURRY WEIGH	-	SLURRY VOL			k	CEMENT LEFT in		u plan
DISPLACEMEN'	1 3.79BB			MIX PSI		RATE 5 BP		7100
						mp 100# Pr		. 0
4100	su. Mir	* Oums	106 SK	5 70/20	Par Miss	Cement 2	emion Co	, C 11
	Phens Sea	9/5K- C	Davis X X	o Since	Fluc	h pumpe 1	10 000 57	sack
		1/2" Rub!	and Alua	V 0 000	1 70	BE Prieju	ives clea	n
	/	SSIIVA D	500 €	ASI. 20	7	Sure to a	CS FredV	
	lue. She	Y'M Cas	· \	701. /60	case pres	301/E /0 0	set Moar	
.,			7		· .			
	~						to the second se	
~	To Dail					2001	2	
7	Te Drill	Sy.				And Mad	2c	
ACCOUNT CODE	TC Drill	F	DES	SCRIPTION of	SERVICES or PR		UNIT PRICE	TOTAL
ACCOUNT		F	DES		SERVICES or PR	ODUCT		
ACCOUNT CODE		F	<u> </u>		SERVICES or PR			103000
ACCOUNT CODE S401	QUANITY	F	PUMP CHARGE	Ξ		ODUCT		1030°9
ACCOUNT CODE S401 S406	QUANITY 6	or UNITS	PUMP CHARGE MILEAGE Casing) Орист <i>495</i>		1030°9 N/C
ACCOUNT CODE 5401 5406 5402 5402	QUANITY	or UNITS / 53 n. im.	PUMP CHARGE MILEAGE Casing	Footoge Milas) Орист 495 548		1030°9 N/C N/C 175°00
ACCOUNT CODE S401 S406	QUANITY	or UNITS	PUMP CHARGE MILEAGE Casing	Footoge Milas) Орист <i>495</i>		1030°9 N/C
ACCOUNT CODE 5401 5406 5402 5402	QUANITY	or UNITS / 53 n. im.	PUMP CHARGE MILEAGE Casing	Footoge Milas		ррист 495 548		1030°9 N/C N/C 175°00
ACCOUNT CODE 540/ 5406 5402 5407	QUANITY	or UNITS 1 53 N. J. M. S. M	PUMP CHARGE MILEAGE Casine Ton RO BB	Loctoge Milos Vac	Truck	орист 495 548 389		1030°9 N/C N/C 175°0 /35°0
ACCOUNT CODE 540/ 5406 5402 5407 5502C	QUANITY	or UNITS 1 53 M. UMA 12 hvs	PUMP CHARGE MILEAGE Casing FO BB	Footoge Milos L Vac		орист 495 548 389		1030°9 N/C N/C 175°00 135°00 1346°29
ACCOUNT CODE 540/ 5406 5402 5407 5502C	QUANITY 6. 2. M.S.	or UNITS / 53 M. UMA 1/2 hvs	PUMP CHARGE MILEAGE Casing FO BB 70/30 Premis	Footoge Milos L Vac Por Mix	Truck	орист 495 548 389		1030°9 N/C N/C 175°00 135°00 1346°29 60°27
ACCOUNT CODE 540/ 5406 5402 5407 5502C	QUANITY	or UNITS 1 53 N. UMA 1/2 hus 106 SKs	PUMP CHARGE MILEAGE Casing FO BB 70/30 Premis	Footoge Milos L Vac Por Mix	Truck	DDUCT 495 546 369		1030°9 N/C N/C 175°00 135°01 1346°25 60°27
ACCOUNT CODE 540/ 5406 5402 5407 5502C	QUANITY	or UNITS / 53 M. UMA 1/2 hvs	PUMP CHARGE MILEAGE Casing FO BB 70/30 Premis	Footoge Milos L Vac Por Mix	Truck	DDUCT 495 546 369		1030°9 N/C N/C 175°00 135°01 1346°25 60°27
ACCOUNT CODE 540/ 540 2 5407 5502C	QUANITY	or UNITS 1 53 N. UMA 1/2 hus 106 SKs	PUMP CHARGE MILEAGE Casing Fon ROBB	Footoge Milos L Vac Por Mix	Truck	DDUCT 495 546 369		1030°9 N/C N/C 175°00 135°00 1346°29 60°27
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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

TITLE

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/

Sam Brownback, Governor

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

April 04, 2012

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

Re: ACO1 API 15-059-25876-00-00 Russell BSP-RL5 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