

Confidentiality Requested:

Yes No

#### Kansas Corporation Commission Oil & Gas Conservation Division

1078149

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:			Feet	from $\ \square$ North / $\ \square$ South Line of Section
City: St	ate: Ziŗ	D:+	Feet	from East / West Line of Section
Contact Person:			Footages Calculated from Ne	arest Outside Section Corner:
Phone: ()			□ NE □ NW	□ SE □ SW
CONTRACTOR: License #			GPS Location: Lat:	, Long:
Name:				. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27 NAD27	
Purchaser:			County:	
Designate Type of Completion:			Lease Name:	Well #:
New Well Re-	·Fntrv	Workover	Field Name:	
	_		Producing Formation:	
☐ Oil ☐ WSW	SWD	SIOW	Elevation: Ground:	Kelly Bushing:
☐ Gas ☐ D&A ☐ OG	☐ ENHR	☐ SIGW ☐ Temp. Abd.	Total Vertical Depth:	Plug Back Total Depth:
CM (Coal Bed Methane)	G3W	iemp. Abd.	Amount of Surface Pipe Set a	and Cemented at: Feet
Cathodic Other (Core	Expl etc.)		Multiple Stage Cementing Co	
If Workover/Re-entry: Old Well Inf				Feet
Operator:				nent circulated from:
Well Name:			, ,	w/sx cmt.
Original Comp. Date:			loot doparto.	W,
	_	NHR Conv. to SWD		
Deepening Re-perf. Plug Back	Conv. to GS		Drilling Fluid Management F (Data must be collected from the	
Commingled	Permit #:		Chloride content:	ppm Fluid volume: bbls
Dual Completion	Permit #:		Dewatering method used:	
SWD	Permit #:		Location of fluid disposal if ha	uled offsite:
☐ ENHR	Permit #:		On and an Name	
GSW	Permit #:			
				License #:
Spud Date or Date Rea	iched TD	Completion Date or		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:			L	ease Name: _			Well #:	
Sec Twp	S. R	East We	est C	County:				
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres	sures, whether sh	ut-in pressur	e reached stati	c level, hydrosta	tic pressures, bott		rval tested, time tool erature, fluid recovery,
Final Radioactivity Lo files must be submitted					ogs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taker (Attach Additional		Yes [	No	L	_	on (Top), Depth an		Sample
Samples Sent to Geo	logical Survey	Yes	No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		Yes Yes	No No					
List All E. Logs Run:								
		(	CASING REC	ORD Ne	ew Used			
		· ·		ıctor, surface, inte	ermediate, producti	1		I
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
		ADD	ITIONAL CEN	MENTING / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cem	ent #	Sacks Used		Type and P	ercent Additives	
Perforate Protect Casing	100 20111111							
Plug Back TD Plug Off Zone								
1 lag on zono								
Did you perform a hydrau	ulic fracturing treatment	on this well?			Yes	No (If No, ski	o questions 2 ar	nd 3)
Does the volume of the to		•				_ ` ` '	p question 3)	
Was the hydraulic fractur	ing treatment information	on submitted to the c	hemical disclo	sure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)
Shots Per Foot		ION RECORD - Bri Footage of Each Into			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)  Depth			
	, ,	<u> </u>			,		,	·
TUBING RECORD:	Size:	Set At:	Pa	acker At:	Liner Run:			
						Yes No		
Date of First, Resumed	Production, SWD or Ef		cing Method: owing	Pumping	Gas Lift C	other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. G	as Mcf	Wate	er Bi	ols. G	as-Oil Ratio	Gravity
DIODOCITI	ON OF CAS:		N 4 - T - 1		TION:		PPODUOTIO	ON INTERVAL.
Vented Solo	ON OF GAS:  Used on Lease	Open Ho		IOD OF COMPLE $\Box$		nmingled	PRODUCTION	ON INTERVAL:
	bmit ACO-18.)	Other (Si	necify)	(Submit		mit ACO-4)		

### McGown Drilling, Inc. Mound City, Kansas

#### Operator:

Enerjex Kansas, Inc. Overland Park, KS

#### Carter A #BSI-CA29

Franklin Co, KS 17-18S-21E API: 059-25803

Spud Date:

12/7/2011

Surface Bit:

11"

Surface Casing:

7"

Drill Bit:

5.625" 631.45'

Surface Length:

20.80'

Longstring: Longstring Date:

12/8/2011

**Surface Cement:** 

5 sx

### **Driller's Log**

Top	Bottom	Formation Comments
1	19	Soil, clay & silt
19	58	Shale
58	78	Lime
78	98	Shale
98	104	Lime
104	150	Shale
150	165	Lime
165	175	Shale
175	206	Lime
206	210	Bl Shale & Shale
210	233	Lime
233	236	Bl. Shale
236	248	Lime
248	396	Big Shale
396	426	Lime
426	476	Sand & shale
476	487	Lime
487	498	Shale
498	500	Lime
500	508	Bl. Shale & shale
508	530	20' Lime
530	538	Shale
538	543	5' Lime
543	550	Shale
550	554	Sand Fair oil show
554	558	Sand Good oil show

#### Carter A BSI-CA 29 Franklin Co., KS

558	562	Sand / sandy shale	Fair oil show
562	640	Shale	
640	TD		



ticket number 33158

LOCATION O+ Jawa

FOREMAN Alan Mader

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

# FIELD TICKET & TREATMENT REPORT CEMENT:

DATE	CUSTOMER#	VVELL	NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
2-12-11	2579	Carter	1" BSI	CA29	NE 17	18	21	IR
STOMER	and Raco	WICRS			TRUCK#	DRIVER	TRUCK#	DRIVER
AILING ADDRE	SS PESO	WILK)		1	516	Alann	Sa fal	Meet
16875	Grand	1.00 J	MIDP		368	Actor	Adille Y	201661
1 <i>091</i> 5	O. ann	STATE	ZIP CODE	•	370	Gary M	EM	• ,
120 1/200	Post	155	66210		548	Deney, M	1) 20	
B TYPE OU	astring	HOLE SIZE	55/8	J _HOLE DEPTH		CASING SIZE & V	VEIGHT 27	18
ASING DEPTH_	631	DRILL PIPE	<u> </u>	TUBING	,	0,0000000000000000000000000000000000000	OTHER	<u> </u>
URRY WEIGH	T	SLURRY VOL_		WATER gal/s	sk	CEMENT LEFT in	2000 0000 0000 0000 0000 0000 0000 000	25
SPLACEMENT	3.7	DISPLACEMENT	r PSI 800		200	111	m	
MARKS: 17	eld creve	4	:4.4	rord of	Dramos	0 100 H C	el do f	1454
nole X	ollower	1 6	81 51	7013	D Dan Cot	Emp 1	148 59	2 (59/7)
000	1/2 # 4	henose	20/ ()	calai	ted ce	nent Fl	ushed	Decem
20901	00 0111	to ca	56/10 7	D. 111	01/ 4010	0 800 F	ST In	13D
TUMP	ME	Cot.	Float	CIDE	ed valu	D.	1.01	
W . wut	E / 1 1 mm /	1 0.60	1001	_ 100	J	1-2-5		•
Malani	Doills	as Era	n K					
11/1000	VI DI III	),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>n</i> 1C				11.11	/
				Laboratoria de la constantina della constantina		A Cen V	Nagar	
		ABO	***************************************			/ J. J. W.		
ACCOUNT								
ACCOON	OLIABITY	AF HAIITC	1 111	SCRIPTION	f SERVICES or PE	PODLICT	I IINIT PRICE	TOTAL
CODE	QUANITY	or.UNITS	DE	SCRIPTION o	of SERVICES or PR	RODUCT	UNIT PRICE	TOTAL
	QUANITY	or UNITS	PUMP CHARG		of SERVICES or PR	RODUCT	UNIT PRICE	i
CODE		or.UNITS			f SERVICES or PR	RODUCT	UNIT PRICE	i
CODE	QUANITY L		PUMP CHARG		otage	RODUCT	UNIT PRICE	1030.6
CODE	63	l Min	PUMP CHARG		otage	RODUCT	UNIT PRICE	1030.6
CODE	63	1	PUMP CHARG		of SERVICES or PR	RODUCT	UNIT PRICE	i
5401 5406 5402 5407	63	1	PUMP CHARG	ne foo	of SERVICES or PR	RODUCT	UNIT PRICE	1030.6
CODE 5401 5406 5402 5407 5502C	63 1/2 1/2	1	PUMP CHARGE MILEAGE LASIV TON	ne foo	Hage	RODUCT	UNIT PRICE	175.00
5401 5406 5402 5407	63	nin	PUMP CHARG	ne foo	Hage	RODUCT	UNIT PRICE	1030.6
CODE 5401 5406 5402 5407 5502C	63 1/2 1/2 81 243	1 min 2	PUMP CHARGE MILEAGE LASIV TON	ne foo	Hage	RODUCT	UNIT PRICE	175.00
CODE 5401 3406 5402 5407 5502C	63 1/2 1/2 81 243	nin	PUMP CHARGE MILEAGE Lasiv Ton 80 70/30	ne foo	Hage	RODUCT	UNIT PRICE	175.00
CODE 5401 5406 5402 5407 5502C	1 1/2 1/2 1/2 1/2 1/2 1/3	1 min 2	PUMP CHARGE  MILEAGE  Lasiv  Ton  80  70(30  gel  Salt	ne foc mile Jac	Hage	RODUCT	UNIT PRICE	1030.00
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CODE 5401 5406 5402 5407 5502C	1 1/2 1/2 1/2 1/2 1/2 1/3	min Min 3#	PUMP CHARGE  MILEAGE  Lasiv  Ton  80  70(30  gel  Salt	ne foc mile Jac	Hage	RODUCT	UNIT PRICE	1030.00
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CODE 5401 5406 5402 5407 5502C	81 243 164	min min 3#	PUMP CHARGE  MILEAGE  Lasiv  Ton  80  70(30  gel  Salt	ne foc mile Jac	Hage	RODUCT	UNIT PRICE	1030.00
CODE 5401 5406 5402 5407 5502C	81 243 164	min min 3#	PUMP CHARGE  MILEAGE  Lasiv  Ton  80  70(30  gel  Salt	ne foc mile Jac	Hage	RODUCT		1030.00
CODE 5401 5406 5402 5407 5502C	81 243 164	min min 3#	PUMP CHARGE  MILEAGE  Lasiv  Ton  80  70(30  gel  Salt	ne foc mile Jac	Hage	RODUCT		175.00
CODE 5401 5406 5402 5407 5502C	81 243 164	min min 3#	PUMP CHARGE  MILEAGE  Lasiv  Ton  80  70(30  gel  Salt	ne foc mile Jac	Hage	RODUCT	SALES TAX ESTIMATED	1030.00
CODE 5401 5406 5402 5407 5502C	81 243 164	min min 3#	PUMP CHARGE  MILEAGE  Lasiv  Ton  80  70(30  gel  Salt	ne foc mile Jac	Hage	RODUCT	SALES TAX	1030.00

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 05, 2012

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

Re: ACO1 API 15-059-25803-00-00 Carter A BSI-CA29 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