

1082203

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

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

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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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 <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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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JTC Oil, Inc.

Drillers Log

Well Name Carter A BSI-CA 42

API# 15 15-059-25856-00-00

Surface Date 3/21/12 20 ft 7

Cement Amounts

3 Sacks

Cement Date 3/26/12

Well Depth 700

Casing Depth 689.5

Drillers Log

<u>Formation</u>	<u>Depth</u>	<u>Formation</u>	<u>Depth</u>
top soil	0		
shale	3		
lime	20		
shale	34		
lime	138		
shale	140		
lime	164		
red bed	166		
shale	172		
lime	207		
shale	222		
lime	230		
black shale	262		
lime	268		
coal	292		
lime	295		
shale	308		
lime	470		
shale	487		
lime	543		
shale	545		
lime	556		
shale	558		
lime	569		
black shale	570		
lime	575		
shale	578		
top oil sand	614-617 v good		
	617-620 v good		
	620-623 v good		
	623-626 v good		

Carter A

BSI CA
42

626-629 v good

629-632 good

632-635 ok

635-637 shale

shale

635

stop drilling

700

casing pipe

689.5



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36508

LOCATION Ottawa

FOREMAN Alan Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
3-27-12	2579	Carter A BSI CA42	SE 17	18	21	FR	
CUSTOMER <u>Ener-Tex Resources</u>							
MAILING ADDRESS <u>10975 Grandview Dr</u>							
CITY <u>Overland Park</u>		STATE	ZIP CODE				
				TRUCK #	DRIVER	TRUCK #	DRIVER
				<u>516</u>	<u>Alan M</u>	<u>Safety Meet</u>	
				<u>368</u>	<u>Gary M</u>	<u>GM</u>	
				<u>369</u>	<u>Derek M</u>	<u>DM</u>	
				<u>548</u>	<u>Mike H</u>	<u>MH</u>	

JOB TYPE long string HOLE SIZE 6 HOLE DEPTH 700 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 689 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING YES
 DISPLACEMENT 4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 46 bpm

REMARKS: Held crew meet, established rate, Mixed & pumped 100 # gel followed by 98 sk 70/30 cement plus 5% salt, 2% gel 1/2 # Pheno seal per sack, circulated cement. Flushed pump, bumped plug to casing ID. Well held 800 PSI for 30 minute MIT. Set float closed valve.

BTC Drilling

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	-	MILEAGE		-
5402	689	casing footage		-
5407	1/2 min	700 miles		175.00
5502C	2	80 val		180.00
1127	98 sk	70/30 cement		1244.60
1118B	272 #	gel		57.12
1111	198 #	salt		73.26
1107A	49 #	Pheno seal		63.25
4402	1	2 1/2 plug		28.00
				<u>2486.38</u>
SALES TAX				114.36
ESTIMATED TOTAL				2965.55

RAVIN 3787 AUTHORIZATION John Cassel 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

May 22, 2012

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

Re: ACO1
API 15-059-25856-00-00
Carter A BSI-CA42
SW/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