



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1093622
OIL & GAS CONSERVATION DIVISION

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 # _____

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1093622

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
--	---

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
----------------	-------	---------	------------	---

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> _____					
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: _____ _____
--	--	---

JTC Oil, Inc.

Drillers Log

Well Name Carter B BSP CB 10

API# 15-059-26042-00-00 Cement Amounts

Surface Date 6/6/12 7" 20 ft. 3 Sacks

Cement Date 6/8/12

Well Depth 678

Casing Depth 562.4

Drillers Log

<u>Formation</u>	<u>Depth</u>	<u>Formation</u>	<u>Depth</u>
top soil	0-5		
lime	6		
shale	30		
lime	102		
shale	121		
lime	125		
shale	128		
lime	140		
shale	149		
red bed	153		
shale	160		
mix shale	170		
lime	202		
shale	218		
lime	220		
mix lime	230		
lime	247		
shale	278		
lime	281		
shale	289		
lime mix	429		
lime	476		
shale mix	481		
lime	497		
shale	468		
lime mix	477		
shale	516		
lime	537		
shale	562		
black shale	570		
lime	576		
shale	581		
lime	598		

DSP CB 10

top oil sand	606-608 10%
	608-610 10%
	610-612 1%
	612-614 0%
	614-616 25%
	616-618 20%
	618-620 25%
	620-622 25%
	622-624 30%
	624-626
shale	628
lime	637
shale	640
lime mix	657
stop drilling	678
casing pipe	662.4



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39870
LOCATION Ottawa KS
FOREMAN Fred Maden

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																				
6/8/12	2579	Carter "B" #8SP-C210	S4E18	18	21	FR																				
CUSTOMER <u>Energex Resources</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>506</td> <td>FREMAD</td> <td>Safety</td> <td>MD</td> </tr> <tr> <td>495</td> <td>HARREC</td> <td>H-B</td> <td></td> </tr> <tr> <td>369</td> <td>DERMAS</td> <td>DM</td> <td></td> </tr> <tr> <td>510</td> <td>SETTUC</td> <td>ST</td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	506	FREMAD	Safety	MD	495	HARREC	H-B		369	DERMAS	DM		510	SETTUC	ST	
TRUCK #	DRIVER	TRUCK #	DRIVER																							
506	FREMAD	Safety	MD																							
495	HARREC	H-B																								
369	DERMAS	DM																								
510	SETTUC	ST																								
MAILING ADDRESS <u>10975 Grandview Dr</u>																										
CITY <u>Overland Park</u>	STATE <u>KS</u>	ZIP CODE <u>66210</u>																								
JOB TYPE <u>Long string</u>	HOLE SIZE <u>6</u>	HOLE DEPTH <u>688</u>	CASING SIZE & WEIGHT <u>2 7/8 EUE</u>																							
CASING DEPTH <u>662</u>	DRILL PIPE	TUBING	OTHER																							
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>2 1/2" Plug</u>																							
DISPLACEMENT <u>3.85B</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>5BPM</u>																							
REMARKS: <u>Establish pump rate. Mix + Pump 100# Gel Flush. Mix + Pump 89 sks 70/30 Poz Mix Cement 270 gal 5% Salt 1/2" Pheno Seal/sk. Cement to Surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 800* PSI. Release pressure to set float valve. Shut in casing</u>																										

JTC Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	20 mi	MILEAGE	495	80 ⁰⁰
5402	662	Casing Footage		N/C
5407	1/2 Minimum	Ton Miles	510	75 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck	369	180 ⁰⁰
1127	89 sks	70/30 Poz Mix Cement		1130 ²⁰
1118B	257 ^{gal}	Premium Gel		5397
1111	181 ^{gal}	Granulated Salt		6697
1107A	45 ^{gal}	Pheno Seal		58 ⁰⁵
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.0%	SALES TAX
				ESTIMATED TOTAL
				104 ³⁰
				2906 ⁵⁹

Ravin 3737

AUTHORIZATION [Signature] TITLE [Signature] 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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 14, 2012

Marcia Littell
Energex Kansas, Inc.
2038 S. PRINCETON ST., STE B
OTTAWA, KS 66067

Re: ACO1
API 15-059-26042-00-00
Carter B BSP-CB10
SE/4 Sec.18-18S-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