



1099971

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift 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 <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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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DRILL LOG

Operator License# 33741

API # 15-059-26193-00-00

Operator Enerjex Kansas

Lease Name Alexander

Address 27 Corporate Woods, #350

Well # BSP AL 10

Phone 913-754-7754

Spud Date 8/31/12 Cement 9/6/12

Contractor License # 32834

Contractor JTC Oil, Inc.

T.D. 780 T.D. of Pipe 756

3 sacks cement

Surf. Pipe Size 7" Depth 20ft

County Franklin

Thickness	Strata	From	To	Thickness	Strata	From	To
2	soil	0	2	22	lime	271	293
4	clay	2	6	2	shale	293	295
31	lime	6	37	3	coal	295	298
74	shale	37	11	12	lime	298	310
18	lime	111	129	153	shale	310	463
27	shale	129	156	32	lime	463	495
7	lime	156	163	7	shale	495	502
4	red bed	163	167	0	sand	502	511
40	shale	167	207				
15	lime	207	222	25	shale	511	536
10	shale	222	232	2	coal	536	538
30	lime	232	262	4	shale	538	542
9	black shale	262	271	8	lime	542	550

BSP AL 10

13	shale	550	563
4	lime	563	567
13	black shale	567	580
18	lime	580	598
9	shale	598	607
1	lime	607	608
1	coal	608	609
9	lime	609	618
2	lime oil	618-620	vgood
2	lime oil	620-622	vgood
2	lime oil	622-624	vgood
2	lime oil	624-626	vgood
6	coal	626-632	
16	sand	632-648	
37	shale	648-685	
10	black shale	685-695	
1	oil sand	695-696	good
2	oil sand	696-698	vgood
2	oil sand	698-700	vgood
2	oil sand	700-702	good
2	shale sand	702-704	broken
76	shale	704-780	



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39639
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
9/6/12	2579	Alexander RSP-AL-16	SW 29	18	21	FR
CUSTOMER Enerlex Resources Inc			TRUCK #			
MAILING ADDRESS 10975 Grandview DR.			DRIVER			
CITY Overland Park			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66210			TRUCK #			
			DRIVER			

JOB TYPE <u>long string</u>	HOLE SIZE <u>6 7/8</u>	HOLE DEPTH <u>780</u>	CASING SIZE & WEIGHT <u>2 1/8 GUE</u>
CASING DEPTH <u>750</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT IN CASING <u>2 1/2" Plug</u>
DISPLACEMENT <u>4.4B3L</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4BPM</u>

REMARKS: Establish pump rate. Mix + Pump 100# Gal Flush. Mix + Pump
94 SKS 70/30 per mix cement 2% Gel 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

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	5mi	MILEAGE	495	20 ⁰⁰
5402	256	Casing footage	N/C	
5407	1/2 Minimum	Ten Miles	658	175 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck	675	180 ⁰⁰
1127	94 SKS	70/30 per mix cement		1193 ⁵⁰
115B	266#	Premiere Gel		55 ⁸⁶
1111	191#	Consolidated Salt		70 ⁶⁷
1107B	47#	Pheno Seal		60 ⁶³
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.8%	SALES TAX
				ESTIMATED
				TOTAL
				109 ²⁰
				2923 ⁸⁶

Ravin 3737

AUTHORIZATION [Signature] 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

252745

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

November 08, 2012

Brandye Bordelon
Energex Kansas, Inc.
2038 S. PRINCETON ST., STE B
OTTAWA, KS 66067

Re: ACO1
API 15-059-26193-00-00
Alexander BSP-AL10
SW/4 Sec.29-18S-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,
Brandye Bordelon