



KANSAS CORPORATION COMMISSION 1114670
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

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



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

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

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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 Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
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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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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DRILL LOG

Operator License# 33741

API # 15-059-26139-00-00

Operator Enerjex Kansas

Lease Name Egidy

Address 2038 S. Princeton St., Ste. B, Ottawa, KS

Well # BSP EG 3

Phone 785-241-2228

Spud Date 12/5/12 Cement 12/10/12

Contractor License # 32834

Contractor JTC Oil, Inc.

T.D 700 TD of Pipe 681

3 sacks cement

Surf. Pipe Size_7" Depth__21'

County Franklin

Thickness	Strata	From	To	Thickness	Strata	From	To
3	soil	0	3	32	lime	216	248
2	slay	3	5	8	black shale	248	256
15	lime	5	20	23	lime	256	279
83	shale	20	103	4	coal	279	283
19	lime	103	122	11	lime	283	294
27	shale	122	149	144	shale	294	438
5	lime	149	154	8	red bed	438	446
6	red bed	154	160	25	lime	446	471
32	shale	160	192	45	shale	471	516
16	lime	192	208	7	coal	516	523
8	shale	208	216	7	lime	523	530
				8	shale	530	538

BSP 863

	6	black shale	538	544
	2	lime	544	54C
	12	black shale	546	558
	11	lime	558	569
	16	shale	569	585
	3	lime	585	588
	7	coal	588	595
	9	lime	595	604
	2	shale	604	606
Broken	2	oil sand	606	608
Good	2	oil sand	608	610
V good	2	oil sand	610	612
Broken	2	oil sand	612	614
Good	2	oil sand	614	616
Broken	2	shale sand	616	618
Broken	2	shale sand	618	620
No oil	7	sand	620	627
	51	shale	627	678
	4	sand	678	682
	18	shale	682	700



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 38995
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
12/10/12	2579	Egity # BSP- EG-3	NE 20	18	21	FR
CUSTOMER Emergent Resources Inc.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 10975 Grandview Dr			506	Fred Mad	Safety Mfg	
CITY	STATE	ZIP CODE	495	Har Bec	HB	
Overland Park	KS	66210	369	Mir Han	MH	
JOB TYPE <u>log string</u>	HOLE SIZE <u>6"</u>	HOLE DEPTH <u>700</u>	558	Brc Man	BM	
CASING DEPTH <u>681</u>	DRILL PIPE	TUBING	CASING SIZE & WEIGHT <u>2 1/2" EOE</u>			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>2 1/2" Plug</u>			
DISPLACEMENT <u>3.96</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>5BPM</u>			

REMARKS: Establish pump rate. Mix Pump 100# Gel Flush Mix + Pump
107 sks 70/30 Poz Mix Cement 2 1/2" Gel 5% Salt. 1/2" Phen Seal / sk.
Cement to surface. Flush pump & lines clean. Displace 2 1/2"
Rubber plug to casing TD. Pressure to 500# 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		MILEAGE		N/C
5402	681	Casing footage		N/C
5407	1/2 Minimum	Ton Miles	558	175 ⁰⁰
5502C	2hrs	80 BBL Vac Truck	369	180 ⁰⁰
1127	107 sks	70/30 Poz Mix Cement		1358 ⁹⁰
1118B	288#	Premium Gel		6048
1111	217#	Granulated Salt		8029
1107A	54#	Pheno Seal		6966
4402	1	2 1/2" Rubber plug		2825
			7.8%	SALES TAX
				ESTIMATED TOTAL
				12458
				310691

Ravin 8787

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

255233