



KANSAS CORPORATION COMMISSION 1114697
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: _____



1114697

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 Bbls.	Gas Mcf	Water Bbls.	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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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DRILL LOG

Operator License# 33741

API # 15-059-26138-00-00

Operator Enerjex Kansas

Lease Name Egidv

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

Well # DSP CG 2

Phone 785-241-2228

Spud Date 12/3/12 Cement 12/7/12

Contractor License # 32834

Contractor JTC Oil, Inc. *corrected*

T.D 700 TD of Pipe 689

3 sacks cement

Surf. Pipe Size 7" Depth 21 ft.

County Franklin

Thickness	Strata	From	To	Thickness	Strata	From	To
3	soil	0	3	15	lime	206	221
5	clay	3	8	8	shale	221	229
13	shale	8	21	33	lime	229	262
4	lime	21	25	6	black shale	262	268
90	shale	25	115	20	lime	268	288
17	lime	115	132	4	coal	288	292
28	shale	132	160	14	lime	292	306
4	lime	160	164	150	shale	306	456
3	shale	164	167	6	red bed	456	462
6	red bed	167	173	7	shale	462	469
29	shale	173	206	16	lime	469	485
				48	shale	485	533

	3	coal	533	536
	8	lime	536	544
	9	shale	544	553
	3	black shale	553	556
	2	lime	556	558
	12	black shale	558	570
	16	lime	570	586
	13	shale	586	599
	5	lime	599	604
	3	coal	604	607
	7	lime	607	614
	6	shale	614	620
ok	2	oil sand	620	622
Ok	2	oil sand	622	624
Broken	2	oil sand	624	626
v good	2	oil sand	626	628
Good	2	oil sand	628	630
Good	2	oil sand	630	632
	59	shale	632	691
No oil	2	sand	691	693
No oil	2	sand	693	695
	5	shale	695	700



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 38989
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
12/7/12	2579	Egidy #BSP-EG-2	NE 20	18	21	FR
CUSTOMER Energen Resources Inc			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 10975 Grandview Dr			506	Fred Mad	Safety	MR
CITY Overland Park			495	Har Bec	HB	J
STATE KS			370	Kei Car	KC	
ZIP CODE 66210			548	MIK Haa	MI	

JOB TYPE Long string HOLE SIZE 6" HOLE DEPTH 700 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 689 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix & Pump 100# Gel Flush. Mix & Pump
108 sks 70/30 Por Mix Cement 2 to 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 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	20 mi	MILEAGE	495	80 ⁰⁰
5402	689	Casing footage		N/C
5407	1/2 Minimum	Ten Miles	548	175 ⁰⁰
5502C	1 1/2 hr	80 BBL	370	135 ⁰⁰
1127	108 SKS	70/30 Por Mix Cement		1371 ⁶⁰
1118B	290 #	Premium Gel		60 ⁰⁰
1111	219 #	Granulated Salt		81 ⁰⁰
1107A	54 #	Pheno Seal		69 ⁰⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.8%	SALES TAX
				ESTIMATED
				TOTAL

completed

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

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