

Kansas Corporation Commission Oil & Gas Conservation Division

1115098

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used? Yes No
☐ OG ☐ GSW ☐ Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	If Alternate II completion, cement circulated from:
If Workover/Re-entry: Old Well Info as follows:	feet depth to: w/ sx cmt.
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content:ppm Fluid volume:bbls
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD ☐ Conv. to GSW	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	QuarterSecTwpS. R East West
ENHR Permit #:	County: Permit #:
GSW Permit #:	County Fermit #
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	

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:					

Side Two



Operator Name:			Lease	Name:			Well #:		
Sec Twp	S. R	East West	County	/:					
INSTRUCTIONS: Show time tool open and close recovery, and flow rates ine Logs surveyed. Atta	ed, flowing and shut- if gas to surface tes	in pressures, whether t, along with final char	shut-in pres	sure reach	ed static level,	hydrostatic press	sures, bottom h	ole temper	ature, fluid
Orill Stem Tests Taken (Attach Additional Sh	eets)	Yes No		Log	Formation	n (Top), Depth an	d Datum	☐ Sa	ımple
Samples Sent to Geolog	•	☐ Yes ☐ No		Name			Тор	Da	atum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)		Yes No Yes No							
List All E. Logs Run:									
		CASING Report all strings se	G RECORD	New		on, etc.			
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Wei	ight	Setting Depth	Type of Cement	# Sacks Used		d Percent ditives
	Dillied	Set (III O.D.)	LDS.	/11.	Бериі	Cement	Osed	Auc	illives
		ADDITIONA	AL CEMENTI	NG / SQUE	EZE RECORD				
Purpose: Depth Top Bottom T — Perforate — Protect Casing — Plug Back TD — Plug Back TD		Type of Cement	Type of Cement # Sacks Used			Type and F	Percent Additives		
Plug Off Zone									
Shots Per Foot	PERFORATIO Specify Fo	N RECORD - Bridge Plu potage of Each Interval Po	ugs Set/Type erforated			cture, Shot, Cement nount and Kind of Ma		d	Depth
TUBING RECORD:	Size:	Set At:	Packer A	At:	Liner Run:	Yes No			
Date of First, Resumed Pr	roduction, SWD or ENH	R. Producing Me	ethod:	ng G	as Lift	ther (Explain)			
Estimated Production Per 24 Hours	Oil B	bls. Gas	Mcf	Water	Bk	ols. (Gas-Oil Ratio		Gravity
DISPOSITION	N OF GAS:		METHOD OF				PRODUCTIO	ON INTERVA	L:
Vented Sold	Used on Lease	Open Hole	Perf.	U Dually C		nmingled mit ACO-4)			
(If vented, Subm	nit ACO-18.)	Other (Specify)							

	Operator License #	33741		API#	15-059-2603	17	
	Operator	Enerjex		Lease Name	Carter B	••	
	Address	ŕ		Well#	BSP-CB5		
	Contractor	JTC Oll, Inc.		Spud Date	11/9/2012	<u>!</u>	
	Contractor License #	32834		Cement Date			
	T,D.	660'		Location	S18	T18S	R21E
	T.D. of pipe	647'		194() feet from	south	line
	Surface pipe size	7"		1155	feet from	east	line
	Surface pipe depth	20'		County	Franklin		
· ·	Dailtee's tag	_					
Thickness	Strata	From	To				
4	Soil	0	4				
20	Lime	4	24				
66	Shale	24	90				
19 22	Lime	90	109				
23	Shale	109	132				
8	Lime	132	140				
5	Red Bed	140	145				
38	Shale	145	183				
15	Lime	183	198				
9	Shale	198	207				
28	Lime	207	235				
9	Black Shale	235	244				
21 2	Lime	244	265				
3	Shale	265	267				
11	Coal Lime	267	270				
38	Shale	270	281				
8	Sand	281 319	319				
117	Shale	327	327 444				
15	Lime	444	459				
5	Shale	459	464				
14	Sand	464	478				
25	Shale	478	503				
3	Coal	503	506				
1	Shale	506	507				
7	Lime	507	514				
7	Shale	514	521				
8	Black Shale	521	529				
2	Lime	529	531				
12	Black Shale	531	543				
10	Lime	543	553				
14	Shale	553	567				
2	Lime	567	569				
2	Red Bed	569	571				
4	Coal	571	575				
3	Lime	575	578				
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BSPCB5

3	Shale	578	581
2	Sand-QK oil	581	583
2	Sand-Good oil	583	585
2	Sand-Very good oil	585	587
7	Sand-Very good oil	587	529
2	Sand-Very good oil	589	591
14	Shale/Sand	591	605
39	Shale	605	644
4	Sand	644	648
4	Shale	648	652
8	Shale/Sand	652	660
	Total Depth	660	



LOCATION OHawa KS
FOREMAN Casey Kennedy

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

FIELD TICKET & TREATMENT REPORT CEMENT

				de marailmet a	•	•		
DATE	CUSTOMER#		. NAME & NUME		SECTION	TOWNSHIP	RANGE	COUNTY
11/14/12	2579	Carter B	本BSP-	CB5	SE 18	18	21	FR
CUSTOMER	ex Resource	2 9				Party ready for district to the second	the state of the s	
MAILING ADDRÉ	SS		· · · · · · · · · · · · · · · · · · ·	† · .	TRUCK#	DRIVER	TRUCK#	DRIVER
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avin 9797	Les RECOGNACIONALISMENTS CONTRACTOR CONTRACT		L			,	SALES TAX ESTIMATED	132.36
	11 00	,	Á.				TOTAL	13364.3
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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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