



KANSAS CORPORATION COMMISSION 1115256
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: _____



1115256

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

Operator License# 33741

API # 15-059-26076-00-00

Operator Enerjex Kansas

Lease Name Needham

Address 27 Corporate Woods, #350

Well # BSI N 11

Phone 913-754-7754

Spud Date 11/8/12 Cement 11/27/12

Contractor License # 32834

Contractor JTC Oil, Inc.

T.D 680 TD of Pipe 669

3 sacks cement

Surf. Pipe Size_7"___ Depth_21ft___

County Franklin

Thickness	Strata	From	To	Thickness	Strata	From	To
3	soil	0	3	29	lime	239	268
4	clay	3	7	8	black shale	268	276
15	lime	7	22	22	lime	276	298
5	shale	22	27	4	coal	298	302
1	lime	27	28	13	lime	302	315
97	shale	28	125	39	shale	315	354
19	lime	125	144	4	sand	254	358
21	shale	144	165	100	shale	358	458
7	lime	165	172	13	lime	458	471
6	red bed	172	178	9	shale	471	480
37	shale	178	215	11	sand	480	491
10	lime	215	229	77	shale	491	518

10	shale	229	239	6	coal	518	524
				7	lime	524	521
				4	shale	531	535
				8	black shale	535	543
				2	lime	543	545
				11	black shale	545	556
				12	lime	556	568
				9	shale	568	577
				2	red bed	577	579
				4	shale	579	583
				3	lime	583	586
				2	coal	586	588
				4	lime	588	592
				3	shale	592	595
	Good			3	oil sand	595	598
	V good			3	oil sand	598	601
	V good			3	oil sand	601	604
	V good			3	oil sand	604	607
	V good			3	oil sand	607	610
	V good			3	oil sand	610	613
	Good			3	oil sand	613	616
				64	shale	616	680



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 38931

LOCATION Ottawa KS

FOREMAN Fred Mader

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
11/27/12	2579	Needham # BST-N 11	NE 17	18	21	FR
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			

JOB TYPE Logging HOLE SIZE 6" HOLE DEPTH 680 CASING SIZE & WEIGHT 2 7/8 FUE
 CASING DEPTH 669' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 3.89 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Establish pump rate. Mix + Pump 100# Gel Flush. Mix + Pump
SKS 70/30 Por Mix Cement 2% Gel 5% Salt 1/2" Plugs Seal/stk.
Cement to surface. Flush pump lines clear. Displace 2 1/2"
rubber plug to casing TD. Pressure to 600# PSI. Hold +
monitor pressure for 30 min. MIT. Release pressure
to set float valve. Shut in casing.

JTC Drilling

Fred Mader

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	669	Casing footage		N/C
5407	1/2 Minimum	Ton Miles	503	175 ⁰⁰
5502C	1 1/2 hr	60 BBL Vac Truck	369	135 ⁰⁰
1127	101 SKS	70/30 Por Mix Cement		1282 ⁷⁰
118B	278#	Premium Gel		58 ³⁸
1111	205#	Granulated Salt		75 ⁸⁵
1107A	51#	Plugs Seal		65 ²⁹
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.82	SALES TAX
				ESTIMATED
				TOTAL

Revin 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