



KANSAS CORPORATION COMMISSION 1115299
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: _____



1115299

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

Operator License# 33741 API # 15-059-26077-00-00
Operator Enerjex Kansas Lease Name Needham
Address 27 Corporate Woods, #350 Well # BSI N 9
Phone 913-754-7754 Spud Date 11/20/12 Cement 11/27/12
Contractor License # 32834 Contractor JTC Oil, Inc.
T.D 700 TD of Pipe 665 3 sacks cement
Surf. Pipe Size 7" ___ Depth 25ft ___ County Franklin

Thickness	Strata	From	To	Thickness	Strata	From	To
3	soil	0	3	5	coal	238	243
6	clay	3	9	13	lime	243	256
57	shale	9	66	142	shale	256	398
20	lime	66	86	4	red bed	398	402
20	shale	86	106	16	shale	402	418
8	lime	106	114	12	lime	418	430
5	red bed	114	119	13	shale	430	443
37	shale	119	156	8	sand	443	451
15	lime	156	171	23	shale	451	474
9	shale	171	180	6	coal	474	480
29	lime	180	209	10	lime	480	490
10	black shale	209	219	6	shale	490	496

19	lime	219	238	7	black shale	496	503
				2	lime	503	505
				11	black shale	505	516
				13	lime	516	529
				5	shale	529	534
				4	red bed	534	538
				4	shale	538	542
				3	coal	542	545
				4	lime	545	549
				3	shale	549	552
	ok			3	oil sand	552	555
	V good			3	oil sand	555	558
	V good			3	oil sand	558	561
	V good			3	oil sand	561	564
	V good			3	oil sand	564	567
	Good			3	mix shale sand	567	570
				53	shale	570	623
	Oil			1	oil sand	623	624
				1	lime	624	625
	Good			1	oil sand	625	626
				2	sand	626	628
				72	shale	628	700



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 38929

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/27/12	2579	Needham. BSI-N-9	NW 12	18	21	FR
CUSTOMER <u>Energizer Resources Inc</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>10975 Grandview Dr</u>			<u>506 Fro Mad Safety Mtg</u>			
CITY <u>Overland Park</u>			<u>495 Hat Bcc HB</u>			
STATE <u>KS</u>			<u>370 Kai Car ICC</u>			
ZIP CODE <u>66210</u>			<u>588 B. Teman</u>			
JOB TYPE <u>Long string</u>	HOLE SIZE <u>6"</u>	HOLE DEPTH <u>700'</u>	CASING SIZE & WEIGHT <u>2 3/8" KUF</u>			
CASING DEPTH <u>665'</u>	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>2 1/2" Plug</u>			
DISPLACEMENT <u>3.86</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>5BPM</u>			

REMARKS: Establish pump rate. Mix + Pump 100' Gel Flush. Mix + Pump
101 SKS 70/30 Poz Mix Cement 2% Gel 5% Salt 1/2" Phenol Seal / sk
Cement to surface. Flush pump + lines clean. Displace 2 1/2"
rubber plug to casing TD. Pressure to 800' 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	665	Casing footage		N/C
5407	1/2 Minimum	Ten Miles	503	175 ⁰⁰
5502C	1 1/2 hr	80 BBL Vac Truck		135 ⁰⁰
1127	101 SKS	70/30 Poz Mix Cement		1262 ⁷⁰
1118B	278*	Premium Gel		58 ³⁸
1107A	205 81*	Phenol Seal		65 ⁷⁹
111P	205 205*	Granulated Salt		75 ⁸⁵
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.5%	SALES TAX
				ESTIMATED TOTAL
				717.84
				29,655.56

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