



KANSAS CORPORATION COMMISSION 1123523
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: _____



1123523

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 |
|---|---|

| 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 |
| <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

| | | |
|--|---|---|
| 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: _____ _____ |
|--|---|---|

JTC Oil, Inc.

Drillers Log

Well Name Carter B BSI CB 6

API# 15 15-059-26049-00-00 Cement Amounts

Surface Date 6/13/12 20 ft, 7" 3 Sacks

Cement Date 6/15/12

Well Depth 680

Casing Depth 651

Drillers Log

| <u>Formation</u> | <u>Depth</u> | <u>Formation</u> | <u>Depth</u> |
|------------------|----------------|------------------|--------------|
| top soil | 0 | | |
| lime | 1 | | |
| shale | 40 | | |
| lime | 104 | | |
| shale | 123 | | |
| lime | 146 | | |
| shale | 152 | | |
| red bed | 154 | | |
| shale | 160 | | |
| lime | 196 | | |
| shale | 114 | | |
| lime | 220 | | |
| black shale | 249 | | |
| lime | 256 | | |
| coal | 284 | | |
| lime | 288 | | |
| shale | 294 | | |
| lime | 455 | | |
| shale | 471 | | |
| lime | 517 | | |
| shale | 523 | | |
| lime | 540 | | |
| shale | 544 | | |
| lime | 555 | | |
| shale | 557 | | |
| lime | 588 | | |
| shale | 590 | | |
| top oil sand | 593-595 broken | | |
| | 595-598 good | | |
| | 598-601 good | | |
| | 601-604 v good | | |
| | 604-607 good | | |
| | 607-609 shale | | |

BSL CB6

| | |
|---------------|-----|
| shale | 606 |
| stop drilling | 680 |
| casing pipe | 651 |



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 37308

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|---------|------------|---------------------|---------|----------|-------|--------|
| 6/15/12 | 2579 | Carter "3" B61-CB-6 | SE 18 | 18 | 21 | FR |

CUSTOMER
Energex Resources Inc

MAILING ADDRESS
10975 Grandview Dr

CITY
Overland Park STATE
KS ZIP CODE
66210

| TRUCK # | DRIVER | TRUCK # | DRIVER |
|---------|----------|---------|--------|
| 506 | Fred Mad | Safety | Mty |
| 495 | Har Bec | NB | |
| 369 | Der Mas | DM | |
| 548 | Mix Haa | MH | |

JOB TYPE Longstring HOLE SIZE 6" HOLE DEPTH 680' CASING SIZE & WEIGHT 2 1/2" EUE

CASING DEPTH 651' DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug

DISPLACEMENT 3.8 BB DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.8 BPM

REMARKS: Establish pump rate. Mix + Pump 100# Gal Flush. Mix + Pump 89 sks 70/30 Por Mix Cement 2 1/2 Gal 5% Salt 1/2" Pheno 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. Skat in casing.

MIT
JTC Drilly.

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 | 851 | Casing Footage | | N/C |
| 5407 | 1/2 Minimum | Tom Miles | 548 | 175 ⁰⁰ |
| 5502C | 2 hrs | 80 BBL Vac Truck | 369 | 180 ⁰⁰ |
| 1127 | 89 sks | 70/30 Por Mix Cement | | 1130 ²⁰ |
| 1118B | 257# | Premium Gel | | 53 ⁹² |
| 1111 | 150# | Granulated Salt | | 66 ⁶⁰ |
| 1107A | 45# | Pheno Seal | | 58 ⁰⁵ |
| 4402 | 1 | 2 1/2" Rubber Plug | | 25 ⁰⁰ |
| | | | 7.5% | |
| | | | SALES TAX | 104 ⁰⁷ |
| | | | ESTIMATED | |
| | | | TOTAL | 2826 ¹⁹ |

Ravin 3737

250650

AUTHORIZATION Jay Shuff Energex 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.