



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1154818
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1154818

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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: _____ _____
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Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 05, 2013

Elizabeth Brinkmeyer
Energex Kansas, Inc.
2038 S. PRINCETON ST., STE B
OTTAWA, KS 66067

Re: ACO1
API 15-121-29561-00-00
Hahn BSI-HN1
SE/4 Sec.23-18S-21E
Miami County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Elizabeth Brinkmeyer

McGown Drilling, Inc.

Mound City, Kansas

Operator:

Energex Kansas, Inc.
Overland Park, KS

Hahn BSI-HN 1

Miami Co., KS
23-18S-21E
API: 121-29561

Spud Date: 8/1/2013
Surface Casing: 7"
Surface Length: 22.4'
Surface Cement: 5 sx

Surface Bit: 9.875"
Drill Bit: 5.875"
Longstring: 635.1'
Longstring Date: 6/7/2013

Driller's Log

Top	Bottom	Formation	Comments
0	3	Soil & Clay	
3	7	Lime	
7	19	Shale	
19	23	Lime	
23	30	Shale	
30	35	Lime	
35	50	Shale	
50	52	Lime	
52	78	Shale	
78	93	Lime	
93	102	Shale	
102	132	Lime	
132	140	Shale	
140	162	Lime	
162	168	Shale	
168	171	Lime	
171	174	Shale	
174	178	Lime	
178	328	Shale	Big Shale
328	338	Sandy Shale	
338	348	Shale	
348	362	Lime	
362	376	Shale	
376	382	Sand	Shaly - faint oil odor, small oil show
382	414	Shale	
414	422	Lime	
422	435	Shale	
435	437	Coal	

Hahn BSI-HN1
Miami Co., KS

437	454	Shale	
454	472	Lime	
472	482	Shale	
482	490	Lime	
490	497	Shale	
497	507	Sand	Good odor, small oil show
507	522	Sandy Shale	
522	526	Sand	Good odor, fair oil show
526	537	Sandy Shale	
537	558	Shale	
558	561	Sandy Shale	
561	573	Shale	
573	586	Sand	Good odor, fair show
586	642	Shale	
642	TD		



CONSOLIDATED
Oil Well Services, LLC

261396

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

TICKET NUMBER 42336

LOCATION Ottawa KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8.14.13	2579	Hahn # BSJ-HN-1	5523	10	21	Franklin
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Enerjet Resources Inc			712	Fred Mad		
MAILING ADDRESS			495	Har Bec		
10975 Grandview Dr			369	Der Mas		
CITY	STATE	ZIP CODE	510	Est Tuc		
Overland Park	KS	66210				
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
Longstray	5 7/8	642	2 7/8 EUE			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
635'			CEMENT LEFT IN CASING			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	RATE			
			4 BPM			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	CEMENT LEFT IN CASING			
3.7 BBL			2 1/2" Plug			

REMARKS: Hold crew safety meeting. Establish pump rate. Mix + Pump 100* Gel Flush. Mix + Pump 93 sks 70/30 Poz Mix Cement 2% Gel 3% Salt 1/2" Phen Seal/sk. Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to casing TO. Pressure to 800* PSI. Hold + monitor pressure for 30 min MIT. Release pressure to set float valve. Shut in casing.

McGowan Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	5 mi.	MILEAGE	495	
5402	635'	Casing footage	495	1085.00
5407	1/2 minimum	Ton Miles		21.00
5502C	1 1/2 hr	60 BBL Vac Truck	510	N/C
			369	184.00
				135.00
1127	93 sks	70/30 Poz Mix Cement		
118B	256#	Premium Gel		1241.55
1111	180#	Granulated Salt		56.32
1107A	47#	Phen Seal		70.30
4402	1	2 1/2" Rubber Plug		63.45
				2550

AUTHORIZATION Joy Shabel TITLE _____ SALES TAX ESTIMATED TOTAL 2997.79

7.65% SALES TAX ESTIMATED TOTAL 2997.79

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.