



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1157794
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: _____



1157794

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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
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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</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 09, 2013

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

Re: ACO1
API 15-059-26481-00-00
ALEXANDER BSI-AL25
SW/4 Sec.29-18S-21E
Franklin 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

Operator License # 33741
 Operator energex kansas
 Address 2038 S. Princeton St., Ste B
 City Ottawa, KS 66067
 Contractor JTC Oil, Inc.
 Contractor License # 32834
 T.D. 820
 T.D. of pipe 703
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Injection

API # 15-059-26481-00-00
 Lease Name Alexander
 Well # BSI-AL25
 Spud Date 7/23/2013
 Cement Date
 Location Sec 29 T18 R 21
 372 feet from S line
 4039 feet from E line
 County Franklin

Driller's Log

Thickness	Strata	From	To	
1	Soil	0	1	
8	Lime	1	9	
76	Shale	9	85	
19	Lime	85	104	
8	Lime Shale	104	112	
15	Shale	112	127	
7	Lime	127	134	
5	Red Bed	134	139	
40	Shale	139	179	
15	Lime	179	194	
10	Shale	194	204	
32	Lime	204	236	
8	Black Shale	236	244	
22	Lime	244	266	
4	Coal	266	270	
14	Lime	270	284	
167	Shale	284	451	
15	Lime	451	466	
5	Shale	466	471	
11	Sand	471	482	
30	Shale	482	512	
9	Lime	512	521	
13	Shale	521	534	
3	Lime	534	537	
20	Black Shale	537	557	
15	Lime	557	572	
16	Shale	572	588	
2	Lime	588	590	
2	Coal	590	592	
2	Lime	592	594	
2	Lime Oil	594	598	Good
2	Lime Oil	596	598	Good
7	Lime Oil	598	600	Good
2	Shale	600	602	

4	Coal	602	606	
8	Sand	606	614	
33	Shale	614	647	
18	Black Shale	647	665	
2	Oil Sand	665	667	Good
2	Oil Sand	667	669	V-Good
2	Oil Sand	669	671	V-Good
2	Oil Sandy	671	673	Broken
6	Sandy	673	679	
27	Shale	679	706	
1	Coal	706	707	
13	Sand	707	720	
16	Shale	720	736	
2	Coal	736	738	
30	Shale	738	768	
19	Sandy/Shale	768	787	
4	Coal	787	791	
29	Shale	791	820	



CONSOLIDATED
Oil Well Services, LLC

261397

TICKET NUMBER 42337

LOCATION Ottawa KS

FOREMAN Fred Maden

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
8/14/13	2579	Alexander # BSI-AL-25	SW 29	18	21	FR
CUSTOMER Enerjex Resources Inc			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 10975 Grandview Dr			712	Fred Mad		
CITY Overland Park		STATE KS	495	Nar Bec		
ZIP CODE 66710			370	Ki Car		
			548	Mikhae		

JOB TYPE Long string HOLE SIZE 6 HOLE DEPTH 760 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 733 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2" Plug
 DISPLACEMENT 4.26 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Hold crew safety meeting. Mix + Pump 100* Gel Flush. Mix + Pump 108 SKs 70/30 Por Mix Cement 290 Gel 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 600* PSI. Hold + Monitor pressure for 30 min MIT. Release pressure to set float valve. Shut in casing.

JTC Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	—	MILEAGE		1085 ⁰⁰
5402	733	Casing footage		N/C
5407	1/2 Minimum	Ton Miles		N/C
5502C	1 1/2 hr	80 BBL Vac Truck		184 ⁰⁰
				135 ⁰⁰
1127	108 SKs	70/30 Por Mix Cement		1441 ⁸⁰
1118B	252*	Premium Gel		62 ⁰⁰
1111	209*	Granulated Salt		81 ⁵¹
1107A	54*	Pheno Seal		72 ⁹⁰
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			7.65%	SALES TAX
				ESTIMATED TOTAL
				129.13
				3220 ⁸⁸

Revin 3737

AUTHORIZATION

Jay Schindel

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.