



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1191604
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: _____

1191604

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

261597

TICKET NUMBER 42351

LOCATION Ottawa

FOREMAN Alan 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
8-19-13	2579	Alexander B5P-A218	SW 29	18	21	FR
CUSTOMER		MAILING ADDRESS				
Energetex Resources		10975 Grand Drive				
CITY		STATE	ZIP CODE	TRUCK #		
Overland Park		KS	66210	516	Al Mad	
JOB TYPE		HOLE SIZE	HOLE DEPTH	368	Al Mad	
long string		6	870	370	Kei Car	
CASING DEPTH	798	DRILL PIPE	TUBING	548	Mik Hag	
				CASING SIZE & WEIGHT <u>2 7/8</u>		
SLURRY WEIGHT		SLURRY VOL	WATER gal/sk	OTHER		
				CEMENT LEFT IN CASING <u>yes</u>		
DISPLACEMENT	4.6	DISPLACEMENT PSI	MIX PSI	RATE <u>4 ban</u>		
		800	200			

REMARKS: Held meeting. Hooked to casing. Mixed & pumped 105# gel followed by 118 sk 70/30 cement plus 2 1/2 gal gel, 570 salt 1/2 phen used per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

JTC Manuel

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE		
5406	25	MILEAGE	368	
5402	798	Casing footage	368	1095.00
5407	1/2 min	ten miles	363	105.00
5502C	2	80 vac	348	184.00
			370	180.00
1127	118	70/30 cement		
118B	308#	gel		1575.30
1111	239	salt		67.76
1107A	59	Phenoseal		93.21
4402	1	2 1/2 plug		79.65
				29.50

irvin 3737

AUTHORIZATION *Jy Shul* TITLE _____ DATE _____

SALES TAX 141.17

ESTIMATED TOTAL 3540.59

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.

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. 840
 T.D. of pipe 825
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Production

API # 15-059-26483-00-00
 Lease Name Alexander
 Well # BSP-AL18
 Spud Date 7/31/2013
 Cement Date
 Location Sec 29 T 18 R 21
 611 feet from S line
 5115 feet from E line
 County Franklin

Driller's Log

Thickness	Strata	From	To	
2	Soil	0	2	
6	Clay	2	8	
60	Shale	8	68	
19	Lime	68	87	
24	Shale	87	111	
7	Lime	111	118	
6	Red Bed	118	124	
38	Shale	124	162	
15	Lime	162	177	
9	Shale	177	186	
31	Lime	186	217	
9	Black Shale	217	226	
21	Lime	226	247	
5	Coal	247	252	
12	Lime	252	264	
168	Shale	264	432	
17	Lime	432	449	
6	Shale	449	455	
8	Sand	455	463	
2	Oil Sand	463	465	Little Oil
2	Sandy Shale	465	467	Little Oil
23	Shale	467	490	
3	Coal	490	493	
2	Shale	493	495	
7	Lime	495	502	
13	Shale	502	515	
3	Lime	515	518	
22	Black Shale	518	540	
11	Lime	540	551	
12	Shale	551	563	
2	Lime	563	565	
2	Coal	565	567	
4	Lime	567	571	
3	Lime Oil	571	574	OK

2	Lime Oil	574	576	Good
2	Lime Oil	576	578	Good
2	Lime Oil	578	580	OK
3	Shale	580	583	
3	Coal	583	586	
12	Sand	586	598	
36	Shale	598	634	
14	Black Shale	634	648	
2	Sandy Shale	648	650	OK
2	Sand	650	652	Broken
6	Sandy Shale	652	658	
22	Shale	658	680	
1	Lime	680	681	
3	Shale	681	684	
1	Coal	684	685	
18	Shale	685	703	
4	Red Bed	703	707	
44	Shale	707	751	
4	Sand	751	755	
3	Sandy Shale	755	758	Little Oil
3	Oil Sand	758	761	OK
3	Sandy Shale	761	764	Broken
3	Sand	764	767	Little Oil
3	Sandy Shale	767	770	Little Oil
6	Sandy Shale	770	776	
27	Sand	776	803	
37	Shale	803	840	

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/>

Shari Feist Albrecht, Chair
Thomas E. Wright, Commissioner
Jay Scott Emler, Commissioner

Sam Brownback, Governor

March 06, 2014

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

Re: ACO-1
API 15-059-26483-00-00
ALEXANDER BSP-AL18
SW/4 Sec.29-18S-21E
Franklin County, Kansas

Dear Elizabeth Brinkmeyer:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 7/31/2013 and the ACO-1 was received on February 28, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department