



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1217718
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: _____

1217718

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Operator License #	33741	API #	15-059-26745-00-00		
Operator	Energex Kansas	Lease Name	Carter A		
Address	2038 S. Princeton St., Ste B	Well #	BSI-CA59		
City	Ottawa, KS 66067	Spud Date	7/15/2014		
Contractor	JTC Oil, Inc.	Cement Date			
Contractor License #	32834	Location	Sec 17	T 18	R 21
T.D.	620		2508 feet from	N	line
T.D. of pipe	597		2721 feet from	E	line
Surface pipe size	7"	County	Franklin		
Surface pipe depth	30'				
Well Type	Injection				

Driller's Log

Thickness	Strata	From	To	
2	soil	0	2	
26	clay	2	28	
24	shale	28	52	
18	lime	52	70	
26	shale	70	96	
3	lime	96	99	
5	red bed	99	104	
39	shale	104	143	
13	lime	143	156	
10	shale	156	166	
30	lime	166	196	
9	black shale	196	205	
22	lime	205	227	
4	coal	227	231	
12	lime	231	243	
162	shale	243	405	
15	lime	405	420	
49	shale	420	469	
5	lime	469	474	
15	shale	474	489	
2	lime	489	491	
11	black shale	491	502	
11	lime	502	513	
31	shale	513	544	
1	top oil sand	544	545	
2	oil sand	545	547	ok
2	oil sand	547	549	v-good
2	oil sand	549	551	v-good
2	oil sand	551	553	v-good
2	oil sand	553	555	v-good
2	oil sand	555	557	v-good
1	oil sand	557	558	v-good
2	oil sand	558	560	v-good
2	oil sand	560	562	v-good

2	oil sand	562	564	good
2	sand/shale	564	566	ok
54	shale	566	620	



CONSOLIDATED
Oil Well Services, LLC

269744

TICKET NUMBER 47363
LOCATION Ottawa, KS
FOREMAN Jim Green

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
07-17-14	2579	Carter #	BSECA9 NE 17	18	21	FR
CUSTOMER <u>Energizer Resources</u>						
MAILING ADDRESS <u>10975 Grandview DR</u>						
CITY <u>Overland Park</u>		STATE <u>KS</u>	ZIP CODE <u>66210</u>			
TRUCK #		DRIVER		TRUCK #		DRIVER
669		Jim Gre				
368		Ami McD				
370		Mat Coc				
510		Pam Wha				

JOB TYPE Log Casing HOLE SIZE 5 7/8" HOLE DEPTH 620 CASING SIZE & WEIGHT 2 1/2"
CASING DEPTH 597" DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Held crew meeting. Establish circulation. Mix and pump 100# Premium Gel to flush hole. Mix and pump 87 slk 70/30 Poz Mix Cement with 5% Salt, 2% land 1/2" Pheno-Seal. Circulated cement to surface. Flush pump clear of cement. Pump 2 1/2" Rubber plug to total depth of casing. Pressure up to 800 PSI for 30 min MTT. Seal flow.
30 min MTT at 800 PSI
Held Good
Jim Green

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE <u>Cement Pump</u>		1085.00 ✓
5406	20	MILEAGE <u>Pump</u>		84.00 ✓
5402	597"	Casing Footage		N/A ✓
5407	1/2 M. n	Ton Mileage		184.00 ✓
5502C	1 1/2 HRS	WAL TK		150.00 ✓
1127	87 slk	70/30 Poz Mix Cement	1161.45	
1118B	260 #	Premium Gel	57.20	
1111	184 #	Granulated Salt	71.76	
1107A	40	Pheno-Seal	54.00	
		Subtotal	1344.41	
		Less 30% —	403.32	941.08 ✓
4402	1	2 1/2" Rubber Plug		29.50 ✓
			2982.01	
		SALES TAX		74.26 ✓
		ESTIMATED TOTAL		2985.76 ✓
				2547.85 ✓

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.