



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1219931
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: _____

1219931

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

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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Operator License # 33741
 Operator Energjex Kansas
 Address 2038 S. Princeton St., Ste B
 City Ottawa, KS 66067
 Contractor JTC Oil, Inc.
 Contractor License # 32834
 T.D. 700
 T.D. of pipe 690
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Production

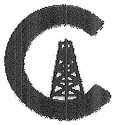
API # 15-059-26755-00-00
 Lease Name Carter B South
 Well # BSP-CB14
 Spud Date 8/2/2014
 Cement Date
 Location Sec 18 T 18 R 21
 814 feet from S line
 730 feet from E line
 County Franklin

Driller's Log

Thickness	Strata	From	To
2	dirt	0	2
7	lime	2	9
29	shale	9	38
44	lime	38	82
63	shale	82	145
20	lime	145	165
28	shale	165	193
3	lime	193	196
7	red shale	196	203
36	shale	203	239
13	lime	239	252
11	shale	252	263
29	lime	263	292
10	shale	292	302
21	lime	302	323
4	shale	323	327
13	lime	327	340
145	shale	340	485
14	mix	485	499
16	lime	499	515
53	shale	515	568
7	lime	568	575
12	shale	575	587
4	lime	587	591
14	shale	591	605
3	lime	605	608
4	mix	608	612
22	shale	612	634
3	lime oil	634	637
8	shale	637	645
1	top	645	646
2	ok	646	648
2	good	648	650
2	good	650	652

ok

2	ok	652	654
2	little	654	656
2	tiny	656	658
42	shale	658	700



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 48017

LOCATION Oxtawa 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
8-6-14	2579	Cartel B'S # BSP-0814	SE 18	18	21	FR
CUSTOMER <u>Energex Resources Inc</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>10975 Grandview Dr</u>			712 Fre Mad			
CITY STATE ZIP CODE <u>Overland Park KS 66210</u>			495 Har Bec			
			369 Mik Hea			
			548 Dam Wha			

JOB TYPE Long string HOLE SIZE 6 HOLE DEPTH 700' CASING SIZE & WEIGHT 2 7/8 EUF
 CASING DEPTH 690' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4.06 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix Pump 100% Gel Flush. Mix Pump 80 SKS 70/30 Por Mix Cement 27% 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 800# PSI. 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	495	1085 ⁰⁰
5406	-	MILEAGE		N/C
5402	690'	Casing footage		N/C
5407	1/2 Minimum	Ton Miles	548	164 ⁰⁰
5502C	1 1/2 hr	80 BBL Vac Truck	369	152 ⁰⁰
1127	80 SKS	70/30 Por Mix Cement	1068 ⁰⁰	
1118B	241#	Premium Gel	53 ⁰²	
1114	162#	Granulated Salt	63 ¹⁸	
1107A	40#	Pheno Seal	54 ⁰⁰	
		Material	1238 ²⁰	
		Less 30%	-371 ⁴⁶	
		Total		866 ²⁴
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			2783 ⁶⁸	
			7.65%	
			SALES TAX	68 ⁵⁶
			ESTIMATED TOTAL	2383 ²⁰

Ravin 3737

AUTHORIZATION Joseph M. Tolman 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.