



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1219953  
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: \_\_\_\_\_

1219953

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> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Operator License # 33741  
 Operator Enerjex 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 660  
 Surface pipe size 7"  
 Surface pipe depth 20'  
 Well Type Injection

API # 15-059-26759-00-00  
 Lease Name Alexander  
 Well # BSI-AL22  
 Spud Date 7/30/2014  
 Cement Date  
 Location Sec 29 T 18 R 21  
 165 feet from S line  
 1000 feet from W line  
 County Franklin

Driller's Log

Thickness	Strata	From	To
15	dirt/clay	0	15
3	shale	15	18
5	mix shale/gravel	18	23
38	shale	23	61
27	lime	61	88
16	shale	88	104
8	lime	104	112
3	red shale	112	115
40	shale	115	155
15	lime	155	170
11	shale	170	181
30	lime	181	211
9	black shale	211	220
21	lime	220	241
5	shale	241	246
14	lime	246	260
150	shale	260	410
15	mix	410	425
17	lime	425	442
30	shale	442	472
4	tiny oil	472	476
11	shale	476	487
8	lime	487	495
13	shale	495	508
4	lime	508	512
19	shale	512	531
12	lime	531	543
22	shale	543	565
8	lime	565	573
7	shale	573	580
19	sandy shale	580	599
40	shale	599	639
1	good	639	640
2	good	640	642

oil

2	good	642	644	
2	ok	644	646	
2	shale	646	648	no oil
52	shale	648	700	



**CONSOLIDATED**  
Oil Well Services, LLC

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

TICKET NUMBER 47547  
LOCATION Chanute, KS  
FOREMAN Casey Kennedy

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
8/1/14	2579	Anderson #BSI-AL22	SW 29	18	21	FR																				
CUSTOMER <u>Enerjex Resources</u>																										
MAILING ADDRESS <u>10975 Grandview Dr</u>																										
CITY <u>Overland Park</u>		STATE <u>KS</u>	ZIP CODE <u>66210</u>																							
<table border="1"> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> <tr> <td>729</td> <td>Coker</td> <td>✓</td> <td>Safety Meeting</td> </tr> <tr> <td>6666</td> <td>Keitar</td> <td>✓</td> <td></td> </tr> <tr> <td>548</td> <td>DusWeb</td> <td>✓</td> <td></td> </tr> <tr> <td>675</td> <td>MikFox</td> <td>✓</td> <td></td> </tr> </table>							TRUCK #	DRIVER	TRUCK #	DRIVER	729	Coker	✓	Safety Meeting	6666	Keitar	✓		548	DusWeb	✓		675	MikFox	✓	
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JOB TYPE long string HOLE SIZE 6" HOLE DEPTH 700' CASING SIZE & WEIGHT 2 7/8" EVE  
 CASING DEPTH 667' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 3.86 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 900# Premium Gel followed by 10 bbls fresh water, mixed & pumped 93 sks 70/30 Pozmix cement w/ 2% gel, 3% salt, + 1/2# Phenoseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 3.86 bbls fresh water pressured to 800 PSI, well held pressure for 30 min MIT, released pressure, shut-in casing.

*Handwritten signature*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	20 mi	MILEAGE		84.00
5402	667'	casing footage		
5407	minimum	tax mileage		368.00
5502c	2 hrs	80 vac		200.00
1127	93 sks	70/30 Pozmix cement	13.35	1241.55
1118B	364 #	Premium Gel	80.30	
1111	205 #	Salt	79.95	
1107A	47 #	Phenoseal	63.45	
		materials	1465.25	
		- 30%	439.58	
		Subtotal		1025.67
4402	1	2 1/2" rubber plug		29.50
			3345.86	
		7.65%	SALES TAX	80.72
			ESTIMATED TOTAL	2872.89

Revin 3737

AUTHORIZATION No Co. Rep. 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.