



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1262370
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: _____



1262370

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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BIRK PETROLEUM
 900 SOUTH 4TH ST
 BURLINGTON, KS 66839
 OP: #31280

DATE: 02/01/2010	LEASE: BROWN RIGG
EnerJex Kansas, Inc.	WELL: 43
27 Corporate Woods, Ste 350	Description: 4050' FSL; 3810' FEL; 30-20-22E
Overland Park, Ks 66210	County: Linn
Spud: 01/27/10 T.D.: 02/01/10 Complete: 02/01/2010	API: 15-107-24050-00-00

FORMATIONS	FROM	TO	FORMATIONS	FROM	TO
Top Soil	0	2	Almost Solid Oil Sand – Good	550	552
Reddish Clay	2	21	Very Good Oil Sand & Show	552	554
Grey Shale	21	42	Excellent Oil Sand & Show	554	560
Lime	42	59	Oil Sand & Some Shale	560	561
Grey Shale	59	67	Excellent Oil Sand & Show	561	566
Lime	67	101	Very Good Oil Show & Odor	566	569
Grey Shale	101	106	Excellent Oil Sand & Excellent Show	569	574
Black Shale	106	109	Oil Sand & Dark Shale	574	580
Lime	109	110	Black Shale	580	582
Sand	110	121	Shale	582	620
Lime	121	138	T.D. 620'		
Grey Shale	138	146			
Lime	146	150			
Blue-Green Shale	150	174			
Pleasington Grey Shale	174	334	Core Report:		
Lime	334	342	Laminated Oil Sand & Shale strips	532	534
Shale	342	398	Grey Shale w/very few oil spots	534	543 ½
Lime	398	409	Almost Solid Oil Sand – very good	543 ½	546
Shale	409	425	Small Oil Sand Laminated in Shale	546	547
Lime	425	434	Good Solid Oil Sand & Good Oil(Light)	547	549
Shale	434	454			
Lime	454	462			
Shale	462	478			
Lime	478	481			
Grey Shale	481	522			
Sandy Shale Strip (faint odor)	522	523			
Shale	523	525			
Faint Odor in Shale	525	526			
Shale	526	528			
Strip of Oil Sand in Shale	528	529			
Some Sand – Oil Odor	529	530			
Better Sand – Oil Odor	530	532			
Core Point – Core Drill	532	549			
Oil Sand & Some Shale	549	550			

RECEIVED

MAR 14 2010

KCC WICHITA

MAR 05 2010

Surface bit: 9 7/8"	Surface Casing Length: 21.45'	Size: 7"	Cement: 10 sx Portland
Drill bit: 5 7/8"	T.D.: 620'	Long String: 600.01'	Size: 2 7/8"



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 22538
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
2/2/10	2579	Brownrigg 43	Nw 30	20	22	LN
CUSTOMER Enerjex Kansas, Inc			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 10975 Grandview Dr			506	Fred		
CITY	STATE	ZIP CODE	368	Ken		
Overland Park	KS	66210	369	Chuck		
JOB TYPE <u>Long string</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>640'</u>	503	Jason		
CASING DEPTH <u>6000</u>	DRILL PIPE	TUBING				
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk				
DISPLACEMENT <u>3.5 BBL</u>	DISPLACEMENT PSI	MIX PSI				

REMARKS: Establish circulation. Mix + Pump 100^{sk} Premium Gel
Flush. Mix + Pump 102 sks 50/50 Por Mix Cement
270 Gal. Cement to surface. Flush pump + lines
clean. Displace 2 1/2" Rubber Plug to casing TD w/
3.5 BBL Fresh water. Pressure to 700^{psi}. Release
pressure to set Float Valve. Shut in casing

Winn Drilling Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump	900.00	900.00
5406	40 mi	MILEAGE Pump Truck	142.00	1380.00
5402	600'	Casing Footage		N/C
5407	Minimums	700 Miles		28 305.00
5502R	2 1/2 hrs	80 BBL Vac Truck		240.00
1124	100 sks	50/50 Por Mix Cement	9.55	955.00
1118B	272 ^{sk}	Premium Premium Gel	.17	4624.00
4402	1	2 1/2" Rubber Plug		27.00
		WD # 232889		
			5.3%	SALES TAX
				ESTIMATED TOTAL
				2665.53

Ravin 8787

AUTHORIZATION TITLE _____ DATE _____