



KANSAS CORPORATION COMMISSION 1053350
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33741
Name: Energex Kansas, Inc.
Address 1: 27 CORPORATE WOODS, STE 350
Address 2: 10975 GRANDVIEW DR
City: OVERLAND PARK State: KS Zip: 66210 + _____
Contact Person: Marcia Littell
Phone: (913) 754-7740
CONTRACTOR: License # 32834
Name: JTC Oil, Inc.
Wellsite Geologist: NA
Purchaser: Coffeyville Resources

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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>11/06/2010</u>	<u>11/09/2010</u>	<u>03/28/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-045-21687-00-00
Spot Description: _____
SW NE NW NE Sec. 31 Twp. 13 S. R. 21 East West
495 Feet from North / South Line of Section
1,815 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Douglas
Lease Name: South Grosdidier Well #: 11
Field Name: Little Wakarusa
Producing Formation: Squirrel
Elevation: Ground: 899 Kelly Bushing: 0
Total Depth: 860 Plug Back Total Depth: 841
Amount of Surface Pipe Set and Cemented at: 40 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 841
feet depth to: _____ w/ 137 sx cmt.

Drilling Fluid Management Plan

(Date must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls
Dewatering method used: Evaporated
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

- Letter of Confidentiality Received
Date: 04/08/2011
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garrison Date: 04/11/2011



1053350

Operator Name: Energex Kansas, Inc. Lease Name: South Grosdidier Well #: 11
 Sec. 31 Twp. 13 S. R. 21 East West County: Douglas

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum NA
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Electric Log Submitted Electronically (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List All E. Logs Run: Gamma Ray/Neutron		

CASING RECORD <input checked="" 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
Surface Casing	9.75	6.625	23	40	Portland	4	
Production	6.00	2.875	5.8	841	50/50 Poz	137	2% gel, 1/2# pheno seal

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	-			
	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
3	662-672' 31 Perfs	Spot 400 gal. 15% HCL	662-672'
		143 bbls city H2o w KCL	
		200# 20/40, 3000# 12/20 sand	

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
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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JTC Oil, Inc.
P.O. Box 24386
Stanley, Kansas 66283

New Well Data

779888

<u>Date</u>	<u>Customer #</u>	<u>Well Name and #</u>	<u>Sec</u>	<u>Town</u>	<u>Range</u>	<u>County</u>
11/10/2010	1	S. Grosdidier #11	31	13	21	Douglas
Customer J&J Operating, LLC.						
Billing Address 10380 W. 179th Street						
City Bucyrus		State Kansas		Zip 66013		
<u>Well Data and Procedures</u>						
<u>Well Data</u>			<u>Procedures</u>			
<u>Surface Casing</u>	<u>Size</u>	<u>Sks. Cement</u>	<u>Spud Date</u>			
11/6/2010	6 1/4	4 40'	11/6/2010			
<u>Longstring</u>	<u>Length / Size</u>	<u>Sks. Cement</u>	<u>Pit Clouser Date</u>			
11/9/2010	2 7/8 at 841.2 ft					
<u>Total Casing Depth</u>						
841.2						
<u>Total Well Depth</u>						
860						
<u>Comments</u>						

Authorization _____

Title _____



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

TICKET NUMBER 27244
LOCATION Ottawa KS
FOREMAN Fred Mader

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/9/10	4028	So. Granddier # 11	NE 31	13	E1	DG
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
JTC Operating LLC			506	Fred	Safety Mtg	
MAILING ADDRESS			495	Casey	CK	
10380 W 179th			369	Harold	HJB	
CITY	STATE	ZIP CODE	548	Tom	TAD	
Ducyrus	KS	66013				

JOB TYPE Long string HOLE SIZE 6" HOLE DEPTH 850' CASING SIZE & WEIGHT 2 1/2" EUE
CASING DEPTH 840' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2" Plug
DISPLACEMENT 4.88 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Check casing depth/w/ wire line. Mix + Pump 100# Premium
Gel flush. Mix + Pump 137 SKS 50/50 Por Mix Cement 2%
Gel 1/2" Pheno Seal per sack. Cement to surface. Flush
Pump + lines clean. Displace 2 1/2" Rubber Plug to casing
TD w/ 4.88 BBLs fresh water. Pressure to 700# PSI.
Release pressure to set float valve. Shut in casing

Fred Mader

JTC Drilling

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1 of 2	PUMP CHARGE		925 ⁰⁰
540B	1/2 of 30	MILEAGE		54 ⁷⁵
5402	840'	Casing footage		N/C
5407A	172.62	Tom miles		207 ¹⁴
5502C	2 hrs	80 BBL Vac Truck		200 ⁰⁰
1124	134 SKS	50/50 Por Mix Cement		1318 ⁵⁶
1118B	330#	Premium Gel		66 ⁰⁰
1107A	69#	Pheno Seal		79 ³⁵
4402	1	2 1/2" Rubber Plug		23 ⁰⁰
		WD #237928		
			7.8%	SALES TAX 109 ⁵⁹
				ESTIMATED TOTAL 2982 ³⁴

Rev'n 3737

AUTHORIZATION *JTC*

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

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/>

Thomas E. Wright, Chairman
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

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