



KANSAS CORPORATION COMMISSION 1054529
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL

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: _____

Designate Type of Completion:

- ☒ New Well ☐ Re-Entry ☐ Workover
- ☐ Oil ☐ WSW ☐ SWD ☐ SLOW
☐ 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 #: _____

01/06/2011 01/13/2011 04/08/2011
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-045-21701-00-00
Spot Description: _____
SW NE NW NE Sec. 31 Twp. 13 S. R. 21 ☒ East ☐ West
4,712 Feet from ☐ North / ☒ South Line of Section
1,667 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Douglas
Lease Name: S. Grosdidier Well #: I-4
Field Name: Little Wakarusa

Producing Formation: Squirrel
Elevation: Ground: 893 Kelly Bushing: 0
Total Depth: 740 Plug Back Total Depth: 717
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: 717
feet depth to: _____ w/ 117 sx cmt.

Drilling Fluid Management Plan

(Data 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: 04/22/2011
☐ Confidential Release Date: _____
☒ Wireline Log Received
☐ Geologist Report Received
☒ UIC Distribution
ALT ☐ I ☒ II ☐ III Approved by: NAOMI JAMES Date: 04/26/2011