



KANSAS CORPORATION COMMISSION 1074113
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) 754-7754
CONTRACTOR: License # 32834
Name: JTC Oil, Inc.
Wellsite Geologist: NA
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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____
7/22/2011 7/23/2011 9/21/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-121-28915-00-00
Spot Description: NW NE NW SE
NW NE NW SE Sec. 1 Twp. 18 S. R. 21 East West
2475 Feet from North / South Line of Section
1845 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Miami
Lease Name: Howell Gorges Well #: BSP HG-6
Field Name: Paola-Rantoul
Producing Formation: Squirrel
Elevation: Ground: 885 Kelly Bushing: 0
Total Depth: 580 Plug Back Total Depth: 560
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 560
feet depth to: 0 w/ 88 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: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Gerrisor Date: 02/15/2012



1074113

Operator Name: Energex Kansas, Inc. Lease Name: Howell Gorges Well #: BSP HG-6
 Sec. 1 Twp. 18 S. R. 21 East West County: Miami

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum NA
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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	9.875	6.50	23.0	20	Portland	3	
Production	5.625	2.875	5.8	560	70/30 Poz	88	2% Gel, 5% Salt, 1/2# Phenosea

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD	-			
___ Plug Off Zone	-			

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
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 (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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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JTC Oil, Inc.

Drillers Log Howell Gorges BSP HG-6
 API # 15-121-28915-00-00 Cement Amounts
 Surface Date 7/22/11 20 ft 6.5 3 sacks

Cement Da 9/8/2011 _____

Well Depth 580

Casing Depth 560

Drillers Log

top soil	0	
shale	4	
lime	9	
shale	30	
lime	34	
shale	36	
lime	39	
shale	43	
lime	52	
red bed	63	
shale	67	
lime	80	
coal	157	
shale	160	
lime	166	
shale	200	
lime	360	
shale	383	
lime	423	
shale	432	
lime	442	
shale	444	
lime	458	
shale	470	
top oil sand	510-513	ok mix/shale
	513-516	ok mix
	516-518	ok
	518-521	shale
	521-524	shale
	524-527	shale
shale	518	
stop drilling	580	casing pipe 560



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32870
LOCATION Ottawa KS
FOREMAN Fred Mader

PO Box #184, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/21/11	2579	Howell/Borgas #6	SE 1	18	21	M1
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Everex Resources			506	FRE MAD	Safety	indy
MAILING ADDRESS			368	KENHAM	KH	
18975 Grandview Dr			369	HARBEC	RD	
CITY	STATE	ZIP CODE	503	DERMAS	DM	
Overland Park	KS	66210				
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
long string	5 7/8	6256'	2 7/8" EUE			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
560			2 1/2" Plug			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
			4 BPM			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
3.26			4 BPM			

REMARKS: Establish pump rate. Mix + Pump 200# Premium Gel Flush
Mix + Pump 88 sks to 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 TDW/3.26 BBL
fresh water. Pressure to 600# PSI. Release pressure to
set float valve. Skirt in casing.

Fred Mader

ITC Drilling

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	975 ⁰⁰
5406	30 mi	MILEAGE	368	120 ⁰⁰
5402	560'	Casing Footage		N/C
5407	Minimum	Ten Miles.		330 ⁰⁰
55020	2 hrs	80 BBL Vac Truck		100 ⁰⁰
1187	88 sks	70/30 Por Mix Cement		1064 ⁸⁰
111PB	355#	Premium Gel		71 ⁰⁰
1111	179#	Granulated Salt		62 ⁶⁵
1107A	44#	Pheno Seal		53 ⁶⁸
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
		Total		2981.71
		7.55%	SALES TAX	96.64
			ESTIMATED TOTAL	3078.35

244445

Ravin 3737

AUTHORIZATION *[Signature]* TITLE _____ DATE 2981.71

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.