



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1090054

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) 754-7754
CONTRACTOR: License # 5786
Name: McGown Drilling, 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 #: _____

05/15/2012 05/16/2012 07/23/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-059-26001-00-00
Spot Description: SW SE SW SE
SW SE SW SE Sec. 8 Twp. 18 S. R. 21 ☒ East ☐ West
20 Feet from ☐ North / ☒ South Line of Section
1660 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- ☐ NE ☐ NW ☒ SE ☐ SW

County: Franklin
Lease Name: Dreher Well #: BSI-DR4
Field Name: Paola-Rantoul

Producing Formation: Squirrel
Elevation: Ground: 934 Kelly Bushing: 0
Total Depth: 602 Plug Back Total Depth: 591
Amount of Surface Pipe Set and Cemented at: 23 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 591
feet depth to: 0 w/ 85 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: 08/08/2012

- ☐ Confidential Release Date: _____

- ☒ Wireline Log Received

- ☐ Geologist Report Received

- ☒ UIC Distribution

ALT ☐ I ☒ II ☐ III Approved by: Deanna Garrison Date: 08/14/2012