



KANSAS CORPORATION COMMISSION 1094738
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: 2038 S. PRINCETON ST., STE B
Address 2: _____
City: OTTAWA State: KS Zip: 66067 + _____
Contact Person: Brandye Bordelon
Phone: (913) 241-2228
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 #: _____
05/23/2012 05/25/2012 06/02/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-059-26003-00-00
Spot Description: _____
SW SW SW SE Sec. 8 Twp. 18 S. R. 21 East West
300 Feet from North / South Line of Section
2590 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-DR6
Field Name: _____
Producing Formation: SQUIRREL
Elevation: Ground: 970 Kelly Bushing: 0
Total Depth: 668 Plug Back Total Depth: 657
Amount of Surface Pipe Set and Cemented at: 24 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 0
feet depth to: 0 w/ 97 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 Garrisor Date: 10/04/2012



1094738

Operator Name: Energex Kansas, Inc. Lease Name: Dreher Well #: BSI-DR6
Sec. 8 Twp. 18 S. R. 21 East West County: Franklin

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA		
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<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	11.00	7.00	23.00	24	PORTLAND	6	
PRODUCTION	5.875	2.875	5.8	657	70/30 POR MIX	97	2% GEL 5% SALT 1/2# PHENO SEAL

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
3	601 - 611 31 PERFS	SPOT 200 GAL 16% HCL ACID	

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	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 <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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McGown Drilling, Inc.
Mound City, Kansas

Operator:
Enerjex Kansas, Inc.
Overland Park, KS

Dreher BSI-DR6
Franklin Co, KS
8-18S-21E
API #15-059-26003-00-00

Spud Date: 5/23/2012
Surface Casing: 7"
Surface Length: 23.7'
Surface Cement: 6 sx

Surface Bit: 11"
Drill Bit: 5.875"
Longstring: 657'
Longstring Date: 5/25/2012

Driller's Log

Top	Bottom	Formation	Comments
0	4	Soil	
4	16	Lime	
16	108	Shale	
108	127	Lime	
127	146	Shale	
146	150	Lime	
150	198	Shale	
198	298	Lime	
298	460	Big shale	
460	473	Lime	
473	542	Shale	
542	544	Lime	
544	555	Shale	
555	565	Lime	
565	580	Shale	
580	584	Lime	
584	589	Shale	
589	591	Lime	
591	598	Shale	
598	614	Sand	Good oil show
614	668	Shale	
668	TD		



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 39829

LOCATION Ottawa KS

FOREMAN Fred Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/1/12	2579	Dyer # BSI DR6	SE 8	18	21	FR

TRUCK #	DRIVER	TRUCK #	DRIVER
506	FREMAO	Safety	WJ
495	WARWICK	NB	J
369	DERMAS	DM	
518	MIKITA	MT	

CUSTOMER: Energix Resources Inc
MAILING ADDRESS: 10975 Grandview DR
CITY: Overland Park STATE: KS ZIP CODE: 66210

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 668 CASING SIZE & WEIGHT 2 1/4
CASING DEPTH 657 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2" Plug
DISPLACEMENT 3.82 BB DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish circulation. Mix + Pump 100 # Gal Flush. Mix + Pump
97 SKs 70/30 Por. Mix Cement 270 Gal 5% Salt 1/2 # Phenol Seal / SK
Cement to surface. Flush pump lines clean. Displace 2 1/2"
rubber plug to casing TD. Pressure to 900 PSI. Hold &
monitor pressure for 30 min MIT. Release pressure to
set float valve. Shut in casing.

MIT
McGowan Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1080.00
5406	20 mi	MILEAGE	495	9900.00
5402	657	Casing footage		N/C
5407	1/2 Minimum	Ton Miles	548	175.00
5502	1 1/2	80 BBL Vac Truck	369	135.00
1127	97 SKS	70/30 Por. Mix Cement		1231.20
118B	270 #	Premium Gel		56.91
111	197 #	Granulated Salt	72.89	14259.33
11074	49 #	Phenol Seal		63.31
7402	1	2 1/2" Rubber Plug		28.00
			7.89	
			SALES TAX ESTIMATED TOTAL	113.33

Wfn 3737

[Signature]

250332
TITLE _____

DATE _____
SALES TAX ESTIMATED TOTAL 2986.24

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.