



KANSAS CORPORATION COMMISSION 1094747
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: (785) 241-2228
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>05/18/2012</u>	<u>05/21/2012</u>	<u>05/22/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-26017-00-00
Spot Description: _____
N2_S2_SW_SE Sec. 8 Twp. 18 S. R. 21 East West
345 Feet from North / South Line of Section
1980 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-DR8
Field Name: _____
Producing Formation: SQUIRREL
Elevation: Ground: 941 Kelly Bushing: 0
Total Depth: 640 Plug Back Total Depth: 624
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: 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: NAOMI JAMES Date: 09/27/2012



1094747

Operator Name: Enerjex Kansas, Inc. Lease Name: Dreher Well #: BSI-DR8
 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 (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
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 (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	9.875	7.00	23.00	20.00	PORTLAND	3	
PRODUCTION	5.625	2.875	5.8	624	70/30 POR MIX	97	2% GEL 5% BALT 1/2% PHENO SEA

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 (Amount and Kind of Material Used)	Depth
3	566 - 576 31 PERFS	200 GAL 16% HCL ACID	

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:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<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) _____	_____ _____

JTC Oil, Inc.

Drillers Log

Well Name Dreher BSI DR B

API # 15-059-26017-00-00 Cement Amounts

Surface Date 5/18/12 7" 20³ Sacks

Cement Date 5/21/12

Well Depth 640

Casing Depth 624

Drillers Log

Formation	Depth	Formation	Depth
top soil	0		
shale	6		
lime	70		
shale	89		
lime	115		
red bed	119		
shale	125		
lime	162		
shale	176		
lime	187		
black shale	215		
lime	222		
coal	243		
lime	247		
shale	261		
lime	424		
shale	437		
lime	487		
shale	489		
lime	508		
shale	510		
lime	530		
shale	535		
top oil sand	562-565 good		
	565-586 v good		
	568-571 v good		
	571-574 v good		
	574-576 v good		
	576-578 good		
	578-580 shale		
shale	578		
stop drilling	640		
casing pipe	624		



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 39787

LOCATION Ottawa KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/20/12	2579	Drehin # 801: DR. 8	SE 8	18	21	FR
CUSTOMER			TRUCK #			
Eminex Resources Inc.			506	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			495	BARBEL	Safety	Wtj
10975 Grandview Dr.			369	DERMAS	DM	
CITY	STATE	ZIP CODE	570	SETTUC	ST	
Overland Park	KS	66210				

JOB TYPE Longstring HOLE SIZE 6 HOLE DEPTH 640' CASING SIZE & WEIGHT 2 3/8 EUE
 CASING DEPTH 623' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2" Ply
 DISPLACEMENT 3.6 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix + Pump 100# Gel Flush. Mix + Pump
 97 sks 70/30 Por Mix Cement 290 Gal 5% Salt h. # Pharm Seal/ck.
 Cement to surface. Flush pump + lines. steam. Displace 2 1/2"
 Rubber plug to casing. TA. Pressure to 800# PSL. Hold +
 monitor pressure for 30 min. MIT. Release pressure to
 set float valve. Shut in casing.

JTC Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030.00
5406	1	MILEAGE		N/C
5402	623	Casing Footage		N/C
5407	1/2 minimum	Tax Miles	510	175.00
5502C	2 hrs	50 BBL Vac. Truck	369	150.00
1127	97 sks	70/30 Por Mix Cement		1231.00
1118B	271#	Premium Gel		56.20
141	197#	Granulated Salt		72.00
62004	1107A 49#	Pharm Seal		63.00
4402	1	2 1/2" Rubber Plug		25.00
			7.88	

Stamp: 3300000000

Rev'n 0797

AUTHORIZATION

[Signature]

TITLE

250039

SALES TAX ESTIMATED TOTAL 113.33 2951.29

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