



KANSAS CORPORATION COMMISSION 1094367
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: MARCIA LITTELL
Phone: (785) 241-2228
CONTRACTOR: License # 5786
Name: McGown Drilling, Inc.
Wellsite Geologist: NA
Purchaser: COFFEVILLE 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 #: _____
05/22/2012 05/23/2012 07/22/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-059-25998-00-00
Spot Description: _____
SW SW SW SE Sec. 8 Twp. 18 S. R. 21 East West
40 Feet from North / South Line of Section
2620 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-DR1
Field Name: Paola-Rantoul
Producing Formation: Squirrel
Elevation: Ground: 964 Kelly Bushing: 0
Total Depth: 635 Plug Back Total Depth: 625
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: 625
feet depth to: 0 w/ 87 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



1094367

Operator Name: Energex Kansas, Inc. Lease Name: Dreher Well #: BSI-DR1
 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 <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: GAMMA RAY NEUTRON	<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	11.00	7.00	23.00	23.7	PORTLAND	6	
PRODUCTION	5.875	2.875	5.8	625.2	70/30 POR MIX	87	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 (Amount and Kind of Material Used)	Depth
3	582-592 10 PERFS	SPOT 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: <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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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McGown Drilling, Inc.
Mound City, Kansas

Operator:
Enerjex Kansas, Inc.
Overland Park, KS

Dreher BSI-DR1

Franklin Co, KS
8-18S-21E
API # 15-059-25998-00-00

Spud Date:	5/22/2012	Surface Bit:	11"
Surface Casing:	7"	Drill Bit:	5.875"
Surface Length:	23.7'	Longstring:	625.2'
Surface Cement:	6 sx	Longstring Date:	2/23/2012

Driller's Log

Top	Bottom	Formation	Comments
0	8	Soil, clay	
8	92	Shale	
92	115	Lime	
115	135	Shale	
135	138	Lime	
138	182	Shale	
182	281	Lime	
281	448	Big Shale	
448	468	Lime	
468	492	Shale	
492	498	Lime	
498	520	Shale	
520	523	Lime	
523	542	Shale	
542	548	Lime	
548	562	Shale	
562	566	Lime	
566	567	Shale	
567	572	Lime	
572	576	Shale	
576	582	Sandy shale	Lt. Oil Sh
582	591	Sand	Good show
591	635	Shale	
635	TD		

913.795.2259 office
620.224.7406 Chris' cell

mcgowndrilling@gmail.com

PO Box K
Mound City, KS



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39823

LOCATION Ottawa KS.

FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-9878

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/29/12	RS79	Dreher # OSI DR 1	SE P	18	21	FR
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
OTHER			DRIVER			

Customer: Energy 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 635' CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 625 DRILL PIPE _____ TUBING _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
DISPLACEMENT 3.63 B DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish circulation. Mix + Pump 100' Gel Flush. Mix + Pump
sk 70/30 per mix cement 2 7/8" 5% salt 1/2" Phen Seal/sk.
Cement to surface. Flush pump + lines clean. Displace 2 1/2"
rubber plug to casing TD. Pressure to 800 PSI. Hold +
Monitor pressure for 30 min MIT. Release pressure to
set float valve. Shut in casing.

MIT
Malcolm Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	-	MILEAGE		N/C
5402	625	Casing footage		N/C
5407	1/2 minimum	Ten Miles	548	175 ⁰⁰
5502C	2 hrs	80 BAC Vac Truck	369	180 ⁰⁰
1127	87 SKS	70/30 per mix cement		1104 ²⁰
2118B	253 ⁰⁰	Premium Gel		53 ¹³
1111	172 ⁰⁰	Granulated Salt		64 ⁰¹
1107H	44 ⁰⁰	Phen Seal		56 ⁷⁶
4402	1	2 1/2" Rubber plug		28 ⁰⁵
SALES TAX				101 ⁹²
ESTIMATED TOTAL				2793 ⁷²

Rev'n 3737

AUTHORIZATION Phone w/ Tom Ce. in
No Co Report on site.

TITLE 250016

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.