



KANSAS CORPORATION COMMISSION 1100479  
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 # 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 #: \_\_\_\_\_

<u>6/5/2012</u>	<u>6/07/2012</u>	<u>6/24/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-26036-00-00  
Spot Description:  
NE NE NE SE Sec. 18 Twp. 18 S. R. 21  East  West  
2320 Feet from  North /  South Line of Section  
200 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Franklin  
Lease Name: Carter B Well #: BSP-CB4  
Field Name: \_\_\_\_\_  
Producing Formation: SQUIRREL  
Elevation: Ground: 968 Kelly Bushing: 0  
Total Depth: 1042 Plug Back Total Depth: 1006  
Amount of Surface Pipe Set and Cemented at: 22 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: 1006  
feet depth to: 0 w/ 132 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: 11/13/2012



1100479

Operator Name: Energex Kansas, Inc. Lease Name: Carter B Well #: BSP-CB4  
 Sec. 18 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	22	PORTLAND	6	
PRODUCTION	5.625	2.875	5.8	1006	70/30 PORMIX	132	2% GEL 5%BALT 12# PHENOSEAL

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
2	36 PERFS	15% HCL ACID	591-608
2	15 PERFS	15% HCL ACID	662-669

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> <i>(Submit ACO-4)</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

**Carter B BSP-CB4**  
Franklin Co, KS  
18-18S-21E  
API # 15-059-26036-00-00

<b>Spud Date:</b>	6/5/2012	<b>Surface Bit:</b>	11"
<b>Surface Casing:</b>	7"	<b>Drill Bit:</b>	5.875"
<b>Surface Length:</b>	22'	<b>Longstring:</b>	1006.10'
<b>Surface Cement:</b>	6 sx	<b>Longstring Date:</b>	6/8/2012

**Driller's Log**

<b>Top</b>	<b>Bottom</b>	<b>Formation</b>	<b>Comments</b>
0	3	Soil	
3	29	Lime	
29	103	Shale	
103	123	Lime	
123	143	Shale	
143	146	Lime	
146	193	Shale	
193	293	Lime	
293	455	Big Shale	
455	470	Lime	
470	518	Shale	
518	528	Lime	
528	540	Shale	
540	543	Lime	
543	553	Shale	
553	558	Lime	
558	564	Shale	
564	566	Lime	
566	578	Shale	
578	586	Lime	
580	582	Shale	
582	586	Lime	
586	590	Shale	
590	608	Sand	Good oil show
608	662	Shale	
662	668	Sand	Fair oil show

913.795.2259 office  
620.224.7406 Chris' cell

mcgowndrilling@gmail.com

PO Box K  
Mound City, KS

Carter BSP-CB 4  
Franklin Co., KS

668	694	Shale	
694	697	Lime	
697	707	Shale	
707	709	Red Bed	
709	805	Shale	
805	806	Coal	
806	817	Shale	
817	818	Coal	
818	840	Shale	
840	841	Coal	
841	847	Shale	
847	862	Grey Sand	No Show
862	877	Shale	
877	884	Grey Sand	No Show
884	885	Coal	
885	947	Shale	
947	949	Coal	
949	967	Shale	
967	968	Coal	
968	982	Shale	
982	1042	Miss. Lime	
<b>1042</b>	<b>TD</b>		



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 37317  
LOCATION Ottawa KS  
FOREMAN Fred Maden

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
6/22/12	2579	Carter "B" BSP-CB4	SE 18	18	21	FR																				
CUSTOMER <u>Envision Resources Inc</u>		<table border="1"> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> <tr> <td>506</td> <td>Fred Mad</td> <td>Safety</td> <td>Mike</td> </tr> <tr> <td>495</td> <td>Kai Car</td> <td>KC</td> <td></td> </tr> <tr> <td>369</td> <td>Dermas</td> <td>DM</td> <td></td> </tr> <tr> <td>510</td> <td>Mik Haa</td> <td>MH</td> <td></td> </tr> </table>					TRUCK #	DRIVER	TRUCK #	DRIVER	506	Fred Mad	Safety	Mike	495	Kai Car	KC		369	Dermas	DM		510	Mik Haa	MH	
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510	Mik Haa	MH																								
MAILING ADDRESS <u>10975 Grandview Dr</u>																										
CITY <u>Overland Park</u>	STATE <u>KS</u>	ZIP CODE <u>66210</u>																								
JOB TYPE <u>long string</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>1042</u>	CASING SIZE & WEIGHT <u>2 7/8 EUE</u>																							
CASING DEPTH <u>1006</u>	DRILL PIPE	TUBING	OTHER																							
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>2 1/2" Plug</u>																							
DISPLACEMENT <u>5.85886</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>5 BPM</u>																							

REMARKS: Establish Circulation. Mix Pump 200# Head Flush Mix Pump  
132 SKs 70/30 Por Mix Cement 290 Gal 5% Salt 1/2# Phenol Seal/3K.  
Cement to surface. Flush pump + lines clean. Displace 2 1/2"  
rubber plug to casing TD. Pressure to 800# PSI. Release  
pressure to set float valve. Shut in casing.

McGowan Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	49.5	1030.00
5406	5 mi	MILEAGE	49.5	247.50
5402	1006	Casing footage	N/C	N/C
5407	Minimum	Ten Miles	510	3570.00
5502C	2 hrs	80 BBL Vac Truck	369	1800.00
1127	132 SKs	70/30 Por Mix Cement		1676.40
1118B	433#	Premium Gel		90.23
1111	280#	Granulated Salt		103.60
1107A	66#	Phenol Seal		85.14
4402	1	2 1/2" Rubber Plug		28.00
			7.8%	SALES TAX
				ESTIMATED TOTAL
				154.75
				3718.82

**ESTIMATED**

Form 3737

AUTHORIZATION Jay Shuckel TITLE 250825 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.