



KANSAS CORPORATION COMMISSION 1099138
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 SLOW
- 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>5/17/2012</u>	<u>5/24/2012</u>	<u>7/19/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-26020-00-00

Spot Description: _____
S2 NW SW SE Sec. 8 Twp. 18 S. R. 21 East West
700 Feet from North / South Line of Section
2310 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-DR12
Field Name: PAOLA-RANTOUL
Producing Formation: SQUIRREL
Elevation: Ground: 947 Kelly Bushing: 0
Total Depth: 660 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: 624
feet depth to: 0 w/ 90 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 Garrison Date: 11/07/2012



1099138

Operator Name: Energex Kansas, Inc. Lease Name: Dreher Well #: BSI-DR12
 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	9.875	7	23.00	20	PORTLAND	3	
FORMATION	5.625	2.875	5.8	660	70/30 POR MIX	90	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
20	30 SHOTS 585-595	200 GAL 16% HCL ACID	585 - 595

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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PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8676

TICKET NUMBER 39795

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/24/12	2579	Dreher #BSI-DR-12	SE 8	18	21	FR
CUSTOMER <u>Eneris Resources Inc</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>10975 Grandview Dr</u>			<u>506</u>	<u>FREMAID</u>	<u>Safety Mtg</u>	
CITY <u>Overland Park</u>	STATE <u>KS</u>	ZIP CODE <u>66210</u>	<u>495</u>	<u>HARDEL</u>	<u>H3</u>	
			<u>369</u>	<u>DERMAS</u>	<u>DM</u>	
			<u>510</u>	<u>SETTUC</u>	<u>ST</u>	

JOB TYPE Logstring HOLE SIZE 6 HOLE DEPTH 640' CASING SIZE & WEIGHT 2 3/8 EUE
 CASING DEPTH 621' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/wk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 3.61 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix Pump 100# Gel Flush. Mix Pump 90 sls 70/30 Por Mix Cement 2% Gel 5% Salt 1/2" Pharma Seal/Sl. Cement to surface. Flush pumps + lines clean. Displace 2 3/8" Rubber plug to TD. Pressure to 800# PSI. Hold & Monitor pressure for 30 min MIT. Release pressure to set float valve. Shut in casing

JTC Drilling Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	20 mi	MILEAGE	455	80 ⁰⁰
5402	621	Casing footage		N/C
5407	1/2 Minimum	Tom Miles	570	175 ⁰⁰
55020	2 hrs	80 BBL Var Truck	369	180 ⁰⁰
1127	90 sls	70/30 Por Mix Cement		1143 ⁰⁰
118B	259*	Premium Gel		54 ³⁹
1111	182*	Granulated Salt		67 ³⁴
1107A	45*	Pharma Seal		38 ⁰⁵
4402	1	2 3/8" Rubber Plug		28 ⁰⁰
			7.6%	SALES TAX ESTIMATED TOTAL
				105 ³⁵
				2921 ¹³

Ravin 3797

AUTHORIZATION [Signature] TITLE _____ 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.

JTC Oil, Inc.

Drillers Log

Well Name Dreher BSI DR 12

API # 15-059-26020-00-00 Cement Amounts

Surface Date 5/17/12 7" 20 3 Sacks

Cement Date 5/24/12

Well Depth 660

Casing Depth 624

Drillers Log			
Formation	Depth	Formation	Depth
top soil	0		
shale	5		
lime	93		
shale	112		
lime	134		
red bed	138		
lime	181		
shale	196		
lime	205		
black shale	234		
lime	241		
coal	264		
lime	268		
shale	282		
lime	445		
shale	462		
lime	528		
shale	530		
lime	547		
shale	549		
lime	567		
shale	568		
lime	570		
shale	573		
top oil sand	584-585 broken		
	585-588 v good		
	588-591 v good		
	591-594 good		
	594-596 ok		
	596-598 shale		
shale	596		
stop drilling	660		
casing pipe	624		