



KANSAS CORPORATION COMMISSION 1101115
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>06/04/2012</u>	<u>06/07/2012</u>	<u>08/24/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-26039-00-00

Spot Description: _____

NE SE NE SE Sec. 18 Twp. 18 S. R. 21 East West
1915 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-CB7

Field Name: Paola-Rantoul

Producing Formation: Squirrel

Elevation: Ground: 950 Kelly Bushing: 0

Total Depth: 678 Plug Back Total Depth: 656

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: 656

feet depth to: 0 w/ 93 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 Garriso Date: 11/30/2012



1101115

Operator Name: Energex Kansas, Inc. Lease Name: Carter B Well #: BSP-CB7
 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	9.875	7.00	23.0	20	Portland	3	
Production	5.625	2.875	5.8	656	70/30 Poz	93	2% Gel, 5% Salt, 1/2# Phenosex

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	569-583' 44 Perfs	Spot 300 gal. 15% HCL Acid	569-583'
		131 bbls. City H2o w KCL	
		100# 16/30, 3900# 12/20 Sand	

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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JTC Oil, Inc.

Drillers Log

Well Name Carter B BSP CB 7

API# 15 15-059-26039-00-00 Cement Amounts

Surface Date 6/4/12 7" 20 ft 3 Sacks

Cement Date 6/7/12

Well Depth 678

Casing Depth 655.7

Drillers Log

Formation	Depth	Formation	Depth
top soil	1-16		
shale	17		
lime	76		
mix	97		
shale	100		
mix	118		
lime	121		
red bed	128		
shale	137		
mix mostly shale	148		
lime	165		
shale	221		
black shale	225		
lime	227		
shale	248		
lime	254		
mix	258		
shale	246		
red bed	415		
shale	425		
lime	428		
shale	478		
lime	495		
mix mostly shale	508		
lime	512		
shale	515		
lime	529		
shale	536		
top of oil sand	582		
	584-586 10%		
	586-588 30%		
	588-590 80%		
	590-592 80%		

Bsp CB 7

592-594 70%
594-596 75%
596-598 50%
598-600 15%
600-602 15%
602-604 0

stop drilling 678
casing pipe 655.7



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39586
LOCATION Chawwa, KS
FOREMAN Casey Kennedy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8876

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/27/12	2579	Carter B #7 BSP	SE 18	18	21	FR
CUSTOMER <u>Energex Resources</u>		BSP-CB71				
MAILING ADDRESS <u>27 Corporate Woods, Suite 350</u> <u>10975 Grandview Dr</u>						
CITY <u>Overland Park</u>	STATE <u>KS</u>	ZIP CODE <u>66210</u>				
TRUCK #	DRIVER	TRUCK #	DRIVER			
481	Casken	CK				
368	Art McD	AM				
548	Mik Hea	MA				
675	Kei Det	KD				

JOB TYPE longstring HOLE SIZE 5 7/8" HOLE DEPTH 678' CASING SIZE & WEIGHT 2 7/8" CUE
 CASING DEPTH 655' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" rubber plug
 DISPLACEMENT 3.81 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100# Premium Gel followed by 10 bbls fresh water, mixed & pumped 93 sks 70/30 Pozmix cement w/ 2 1/2% gel, 5% Salt, & 1/2# Phenoseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 3.81 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

Handwritten signature/initials

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	20 mi	MILEAGE		80.00
5402	655'	casing footage		
5407	1/2 minimum	ton mileage		175.00
5502C	1.5 hrs	80 Vac		135.00
1127	93 sks	70/30 Pozmix cement	12.70	1181.10
118B	264 #	Premium Gel	.21	55.44
1111	205 #	Salt	.37	75.85
1107A	47 #	Phenoseal	1.29	60.63
4402	1	2 1/2" rubber plug		28.00
			7.80%	SALES TAX 109.28
				ESTIMATED TOTAL 2930.30

Stamp: SALES TAX

Ravin 3737

AUTHORIZATION No Co. Rep. on location

TITLE 250411

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