



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1092978
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1092978

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input 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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____					
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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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SKYY DRILLING LLC

DAILY DRILLING REPORT

OPERATOR Louis E. Carls
LEASE NAME _____

DATE 7-02 2012

LOCATION _____ FEL/FWL _____ FSL/FNL _____

(FROM SECTION LINE)

WELL NO. BSP-TS2 RIG NO. _____

SEC. 29 TWP. 18S RANGE 21E COUNTY Franklin

FORMATION	FROM	TO	FIRST TOWER:	HOURS WORKED
Soil	0	1	DRILLER:	
Lime	1	12	TOOL DRESSER:	
Shale	12	28	REMARK: <u>lime 585-608</u>	
Lime	28	34	<u>Shale 608-626</u>	
Shale	34	39	<u>soft lime 626-643</u>	
Lime	39	70	<u>Shale 643-646</u>	
Shale	70	144	<u>top oil lime 646-656</u>	
Lime	144	157	<u>Coal 656-660</u>	
Shale	157	188	<u>lime 660-662</u>	
Red bed	188	192	^{gray} <u>Sandy shale 662-666</u>	
Shale	192	237	<u>Black Shale 666-678</u>	
Lime	237	258	<u>Coal 678-681</u>	
Shale	258	276	<u>lime 681-683</u>	

FORMATION	FROM	TO	SECOND TOWER:	HOURS WORKED
Lime	276	289	DRILLER:	
Coal	289	294	TOOL DRESSER:	
Lime	294	327	REMARK:	
Coal	327	334	<u>shale 683-712</u>	
Lime	334	342	<u>lime 712-714</u>	
Shale	342	508	<u>top oil sand 714-731</u>	
Lime	508	517	<u>Shale 731-788</u>	
Shale	517	529	<u>lime 788-790</u>	
Lime	529	533	<u>Coal 790-809</u>	
Sandy Shale	533	544	<u>Shale 809-838</u>	Run casing pipe
Shale	544	566	<u>Coal 838-852</u>	Total = 883 ft.
Coal	566	571	<u>Shale 852-</u>	
Lime	571	576	<u>well drill to 903</u>	
Shale	576	585	<u>TO 903</u>	



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 37337
LOCATION Chanute, KS
FOREMAN Cassey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE <u>7/5/12</u>	CUSTOMER # <u>2579</u>	WELL NAME & NUMBER <u>Three South #BSP-TS2</u>	SECTION <u>NW 29</u>	TOWNSHIP <u>18</u>	RANGE <u>21</u>	COUNTY <u>FR</u>
CUSTOMER <u>Enerjex Resources</u>			TRUCK #			
MAILING ADDRESS <u>10975 Grandview Dr</u>			<u>481</u>	<u>Cas Ken</u>	<u>4C</u>	
CITY <u>Overland Park</u>			<u>6266</u>	<u>Gar Man</u>	<u>GM</u>	
STATE <u>KS</u>			<u>675</u>	<u>Kei Det</u>	<u>KD</u>	
ZIP CODE <u>66210</u>			<u>548</u>	<u>Mik Tea</u>	<u>MA</u>	
JOB TYPE <u>long string</u>	HOLE SIZE <u>5 5/8"</u>	HOLE DEPTH <u>900'</u>	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>			
CASING DEPTH <u>887'</u>	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>2 1/2" rubber plug</u>			
DISPLACEMENT <u>5.16 bbls</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4.6 bpm</u>			

REMARKS: held safety meeting, established circulation, mixed & pumped 100# Premium Gel followed by 10 bbls fresh water, mixed & pumped 122 sks 70/30 Pozmix cement w/ 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/ 5.16 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten signature]

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	887'	Casing footage		
5407	minimum	ten mileage		350.00
5502C	1.5 hrs	80 Lac		135.00
1127	122 sks	70/30 Pozmix cement	12.70	1549.40
1118B	215 #	Premium Gel	.21	46.15
1111	2168 #	Salt	.37	99.16
1107A	61 #	Phenoseal	1.29	78.69
4402	1	2 1/2" rubber plug		28.00
			7.8%	SALES TAX 142.06
				ESTIMATED TOTAL 3558.46

AVIN 3737

AUTHORIZATION Jay Shull Enerjex TITLE 251113 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.

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner

Sam Brownback, Governor

September 07, 2012

Marcia Littell
Energex Kansas, Inc.
2038 S. PRINCETON ST., STE B
OTTAWA, KS 66067

Re: ACO1
API 15-059-26078-00-00
Thoele South BSP-TS2
NW/4 Sec.29-18S-21E
Franklin County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Marcia Littell