

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1094212

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

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: _____

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

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum
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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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 (Amount and Kind of Material Used)		Depth
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

<p style="text-align: center;">DISPOSITION OF GAS:</p> <p> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease </p> <p style="text-align: center;"><i>(If vented, Submit ACO-18.)</i></p>	<p style="text-align: center;">METHOD OF COMPLETION:</p> <p> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled </p> <p style="text-align: center;"> <i>(Submit ACO-5)</i> </p> <p> <input type="checkbox"/> Other <i>(Specify)</i> _____ </p>	<p style="text-align: center;">PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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DRILL LOG

Operator License# 33741

API # 15-059-26110-00-00

Operator Enerjex Kansas

Lease Name Thoele South

Address 27 Corporate Woods, #350

Well # BSP TS 13

Phone 913-754-7754

Spud Date 7/31/12 Cement 8/1/12

Contractor License # 32834

Contractor JTC Oil, Inc.

T.D. 780 T.D. of Pipe 748.2

3 sacks cement

Surf. Pipe Size 7" Depth 20ft

County Franklin

Thickness	Strata	From	To	Thickness	Strata	From	To
2	soil	0	2	11	shale	224	235
2	clay	2	4	28	lime	235	263
4	shale	4	8	7	black shale	263	270
34	lime	8	42	25	lime	270	295
73	shale	42	115	2	shale	295	297
18	lime	115	133	3	coal	297	300
6	shale	133	139	12	lime	300	312
2	lime	139	141	43	shale	312	355
18	shale	141	159	7	shale sand	355	362
6	lime	159	165	114	shale	362	476
5	red bed	165	170	16	lime	476	492
38	shale	170	208	2	shale	492	494

16	lime	208	224	17	sand	494	511
				24	shale	511-535	
				3	coal	535-538	
				4	shale	538-542	
				12	lime	542-554	
				6	shale	554-562	
				3	lime	562-565	
				18	black shale	565-583	
				12	lime	583-595	
				11	shale	595-606	
				2	lime	606-608	
				2	coal	608-610	
				8	lime	610-618	
				2	lime oil	618-620	good
				2	lime oil	620-622	vgood
				2	lime oil	622-624	vgood
				2	lime oil	624-626	vgood
				4	coal	626-630	
				15	sand	630-645	
				36	shale	645-681	
				13	black shale	681-694	
				1	sand oil	694-695	good

1 sand oil 695 696 good
2 sand oil 696 698 vgood
2 shale sand 698 700 broken
2 shale sand 700 702
78 shale 702 780 stop



FIELD TICKET & TREATMENT REPORT

TICKET NUMBER 37537
LOCATION Ottawa KS
FOREMAN Fred Maden

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
8/1/12	2579	Thade BSP-TS 13		NW 29	18	21	FR
CUSTOMER							
Enerjex Resources Inc.							
MAILING ADDRESS							
10975 Grandview Dr							
CITY	STATE	ZIP CODE					
Overland Park	KS	66210					

TRUCK #	DRIVER	TRUCK #	DRIVER
506	Fremad	Safety	Wxy
368	Arlmch	ARM	J
369	Dex Mar	DM	
511	Set Tjc	ST	

JOB TYPE <u>Long string</u>	HOLE SIZE <u>6"</u>	HOLE DEPTH <u>780</u>	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>
CASING DEPTH <u>749</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>2 1/2" Plus</u>
DISPLACEMENT <u>4.35 BBL</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>48 BPM</u>

REMARKS: Establish pump rate. Mix Pump 100# Gel Flush. Mix Pump 100 sks 70/30 Por Mix Cement 2% Gel 5% Salt 1/2# Phenol Seal/sk. Cement to surface. Flush pump & lines clean. Displace 2% rubber plug to casing top. Pressure to 700#PSI, Release pressure to set float valve. Shut in Casing.

TTC Drilling

Fred Maden

[illegible]

Ravin 3737

AUTHORIZATION *ACK* 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.

251799

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
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 20, 2012

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

Re: ACO1
API 15-059-26110-00-00
Thoele South BSP-TS13
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