



KANSAS CORPORATION COMMISSION 1100007
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 # _____

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

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



1100007

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

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

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 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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ 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

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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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COMPANY Emerney

FARM Thoele South

WELL NO. BSP-754

SEC. TWP. RGE. LOC.

COUNTY Franklin

STATE KS

CONTRACTOR Skyy drilling

SIZE HOLE 5"

DRILL PIPE

REMARKS:

SIZE PUMP LINERS

LENGTH STROKE

speed 716/12
completed 7123/12

TD - 820

DATE

DEPTH	TIME O'CLOCK	MIN.	REMARKS
Soil	0	2	
Shale	2	11	
Lime	11	27	
Shale	27	35	
Coal	35	37	
Lime	37	44	
Shale	44	99	
Lime	99	128	
Shale	128	145	
Lime	145	150	
Shale	150	196	
Lime	196		
Shale 208-415			
Shale	208	415	
Lime	415	479	
Shale	479	496	
Lime	496	498	
Sandy shale	498	506	
Lime	506	515	
Coal	515	521	
Shale	521	527	
Lime	527	534	
Coal	534	547	
Lime	547	551	
Shale	551	577	
Black shale	551	577	
Lime	577	577	
Shale	577	587	
Lime	587	589	
Shale	589	596	
Lime	596	606	

DEPTH	TIME O'CLOCK	MIN.	REMARKS
Oil sand mix with lime	606	612	
oil shale	612	615	
Oil sand	615	627	
Sandy shale	627	630	
Shale	630	646	
Lime	646	648	
Shale	648	659	
Lime	659	663	
Shale	663	678	
Lime	678	679	
top oil sand	679	690	
Shale	690	701	
Coal	701	708	
Shale	708	712	
Lime	712	714	
Shale	714	730	
Shale	730	756	
Coal	756	777	
shale	777	824	
Total = casing pipe 801			
casing pipe log			
1	28	14	324
2	297	15	310
3	312	16	289
4	301	17	315
5	293	18	324
6	317	19	317
7	313	20	32
8	316	21	317
9	317	22	315
10	317	23	324
11	315	24	317
12	318	25	312
13	301		



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39577
LOCATION _____
FOREMAN _____

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
7/23/12	2579	Thoele South # BSP-TS4	NW 29	18	21	FR

CUSTOMER
Energex Resources

MAILING ADDRESS
10975 Grandview Dr

CITY
Overland Park

STATE
KS

ZIP CODE
66210

TRUCK #	DRIVER	TRUCK #	DRIVER
481	Cashen	CK	
666	Gar Mao	GM	
369	Der Mes	DM	
548	Mik Ha	MH	

JOB TYPE Logging HOLE SIZE 6" HOLE DEPTH 820' CASING SIZE & WEIGHT 2 7/8" EUE

CASING DEPTH 810' DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT 14.2#/gal SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____

DISPLACEMENT 4.71 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 80 sks 70/30 Pozmix cement w/ 2% gel, 5% salt, + 1/2 # Phenoseal per sk, tubing started coming out of well, slowed down rate, pipe clamp stayed 2" above surface casing, pressured up to 1200 PSI, lost circulation, pressured up to 1500 PSI, shut down pump, ran 1" tubing inside 2 7/8" tubing and washed out cement, hooked to 2 7/8" tubing and pressured to 200 PSI, shot in casing.

* Via Tom Cain phone *

[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	810'	casing footage		
5407	1/2 minimum	for mileage		175.00
5502C	3 hrs	80 vac		270.00
1127	80 sks	70/30 Pozmix cement		1016.00
1118B	241 #	Premium Gel		50.00
1111	176 #	Salt		65.12
1107A	40 #	Phenoseal		51.60
4402	1	2 1/2" rubber plug		28.00
			7.8%	SALES TAX
				ESTIMATED TOTAL
				94.48
				2860.81

Ravin 3737

AUTHORIZATION Tom Cain via phone 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

251541

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

November 08, 2012

Brandye Bordelon
Energex Kansas, Inc.
2038 S. PRINCETON ST., STE B
OTTAWA, KS 66067

Re: ACO1
API 15-059-26080-00-00
Thoele South BSP-TS4
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,
Brandye Bordelon

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

December 04, 2012

Brandye Bordelon
Energex Kansas, Inc.
2038 S. PRINCETON ST., STE B
OTTAWA, KS 66067

Re: ACO-1
API 15-059-26080-00-00
Thoele South BSP-TS4
NW/4 Sec.29-18S-21E
Franklin County, Kansas

Dear Brandye Bordelon:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 07/06/2012 and the ACO-1 was received on November 14, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department