



KANSAS CORPORATION COMMISSION 1100406
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: _____



1100406

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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DRILL LOG

Operator License# 33741

API # 15-059-26178-00-00

Operator Enerjex Kansas

Lease Name Thoele South

Address 27 Corporate Woods, #350

Well # BSP TS 22

Phone 913-754-7754

Spud Date 7/21/12 Cement 7/24/12

Contractor License # 32834

Contractor JTC Oil, Inc.

T.D. 820 T.D. of Pipe 793

3 sacks cement

Surf. Pipe Size 7" Depth 20ft

County Franklin

Thickness	Strata	From	To	Thickness	Strata	From	To
3	lime	0	3	2	shale	200	202
3	lime	3	6	3	red bed	202	205
2	clay	6	8	37	shale	205	242
4	lime	8	12	53	lime	242	295
20	shale	12	32	10	black shale	295	305
2	lime	32	34	25	lime	305	330
11	shale	34	45	3	coal	330	333
27	lime	45	72	13	lime	333	346
78	shale	72	150	39	shale	346	385
20	lime	150	170	9	sand	385	394
4	lime/shale	170	174	117	shale	394	511
21	shale	174	195	15	lime	511	526

BSP TS 22

Thickness	Strata	From	To	Thickness	Strata	From	To
5	lime	195	200	5	shale	526	531
				7	sand	531	538
				29	shale	538	567
				1	coal	567	568
				6	shale	568	574
				4	lime	574	578
				14	shale	578	592
				3	lime	592	595
				19	black shale	595	614
				12	lime	614	626
				17	shale	626	643
				5	lime	643	648
				2	lime oil	648	650good
				2	lime oil	650	652good
				2	lime oil	652-654	vgood
				1	lime oil	654-655	vgood
				1	shale	655-656	
				2	coal	656-658	
				18	sand	658-676	
				40	shale	676-716	

BSPK22

5	black shale	716-721
2	shale	721-723
2	sand oil	723-725 good
2	sand oil	725-727 v good
2	sand oil	727-729 good
2	shale sand	729-731
89	shale	731-820 end



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 37483
LOCATION Ottawa KS
FOREMAN Fred Madu

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
7/24/12	2579	Thoele #BSP-5S22	29	18	21	FR
CUSTOMER Energy Resources Inc			TRUCK #			
MAILING ADDRESS 10975 Grandview Dr.			DRIVER			
CITY Overland Park			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66210			TRUCK #			
JOB TYPE <u>long string</u>			DRIVER			
HOLE SIZE <u>6"</u>			TRUCK #			
HOLE DEPTH <u>520</u>			DRIVER			
CASING DEPTH <u>795</u>			TRUCK #			
DRILL PIPE			DRIVER			
SLURRY WEIGHT			TRUCK #			
SLURRY VOL			DRIVER			
WATER gal/sk			TRUCK #			
CEMENT LEFT in CASING <u>2 1/2" Ply</u>			DRIVER			
DISPLACEMENT <u>4.62 BBL</u>			TRUCK #			
DISPLACEMENT PSI			DRIVER			
MIX PSI			TRUCK #			
RATE <u>4 BPM</u>			DRIVER			
REMARKS: Establish pump rate. Mix & Pump 200 # Gel Flush. Mix & Pump 107 sks 70/30 Poz Mix Cement 270 gal 5% Salt & Pheno Seal/sk. Cement to surface. Flush pump & lines clean. Displace 2 1/2" rubber plug to casing TD. Pressure to 800# PSI. Release pressure to set float valve. Shut in casing.						

JTC Drilling. Fred Madu

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1030 ⁰⁰
5406	—	MILEAGE	—	N/C
5402	795	Casing Footage	—	N/C
5407	1/2 Minimums	Ton Miles	548	175 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck	370	180 ⁰⁰
1127	107 sks	70/30 Poz Mix Cement	—	1358 ⁸⁰
1115B	380*	Premium Gel	—	79 ⁶⁰
111	207*	Granulated Salt	—	76 ⁵⁹
1107A	54*	Pheno Seal	—	69 ⁶⁰
4402	1	2 1/2" Rubber Plug	—	25 ⁰⁰
			7.88	SALES TAX
				ESTIMATED
				TOTAL
				125 ⁷⁹
				3123 ⁷⁴

Ravin 3737

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.

251544