



Confidentiality Requested:

Yes No

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: _____



1105014

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: 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

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

Operator License# 33741

API # 15-059-26108-00-00

Operator Energex Kansas

Lease Name Thoele South

Address 27 Corporate Woods, #350

Well # ~~BSP-TS-11~~

BSI-TS19

Phone 913-754-7754

Spud Date 8/10/12 Cement 8/20/12

Contractor License # 32834

Contractor JTC Oil, Inc.

T.D. 800 T.D. of Pipe 779

3 sacks cement

Surf. Pipe Size 7" Depth 20ft

County Franklin

Thickness	Strata	From	To	Thickness	Strata	From	To
2	lime soil	0	2	9	shale	250	259
2	lime	2	4	31	lime	259	290
30	shale	4	34	8	black shale	290	298
31	lime	34	65	21	lime	298	319
77	shale	65	142	2	shale	319	321
19	lime	142	161	3	coal	321	324
28	shale	161	189	13	lime	324	337
2	lime	189	191	57	shale	337	394
4	red bed	191	195	9	sand	394	403
39	shale	195	234	97	shale	403	500
16	lime	234	250	10	lime	500	510
				4	shale	510	514

BSP-TS1

4	lime	514	518
3	shale	518	521
16	sand	521	537
25	shale	537	562
2	coal	562	564
4	shale	564	568
11	lime	568	579
10	shale	579	589
3	lime	589	592
19	black shale	592	611
12	lime	611	623
11	shale	623	634
2	lime	634	636
4	coal	636	640
5	lime	640	645
1	lime oil	645	646good
2	lime oil	646	648 vgood
2	lime oil	648	650vgood
2	lime oil	650	652good
2	shale	652	654
4	coal	654	658
20	sand	658	678

BSP-TS11

28	shale	678	706
17	black shale	706	723
1	oil sand	723	724broken
2	oil sand	724	726good
2	oil sand	726	728good
2	oil sand	728	730broken
70	shale	730	800



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

Change to BSI-T519

TICKET NUMBER 39513
LOCATION Chanute
FOREMAN Alan Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-20-12	2579	Theele (BSP-T5-11)	NW 29	18	21	FR
CUSTOMER Energen Resources			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 10975 Grandview Dr			516	Alan Mader	Safety	Meet
CITY STATE ZIP CODE Overland Park KS 66200			369	Alan Mader	AMM	
			369	DerMas	JM	
			510	SetTuc	ST	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 800 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 779 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING YES
DISPLACEMENT _____ DISPLACEMENT PSI 800 MIX PSI 200 RATE 46 bpm

REMARKS: Held crew meet. Established rate. Mixed & pumped 100# gel, followed by 101 sk 70130 cement plus 5% salt, 2% gel, 1/2# phen seal per sack. Circulated cement. Locked pump, pumped plug to casing ID. Well held 800 PSI. Set float. Closed valve.

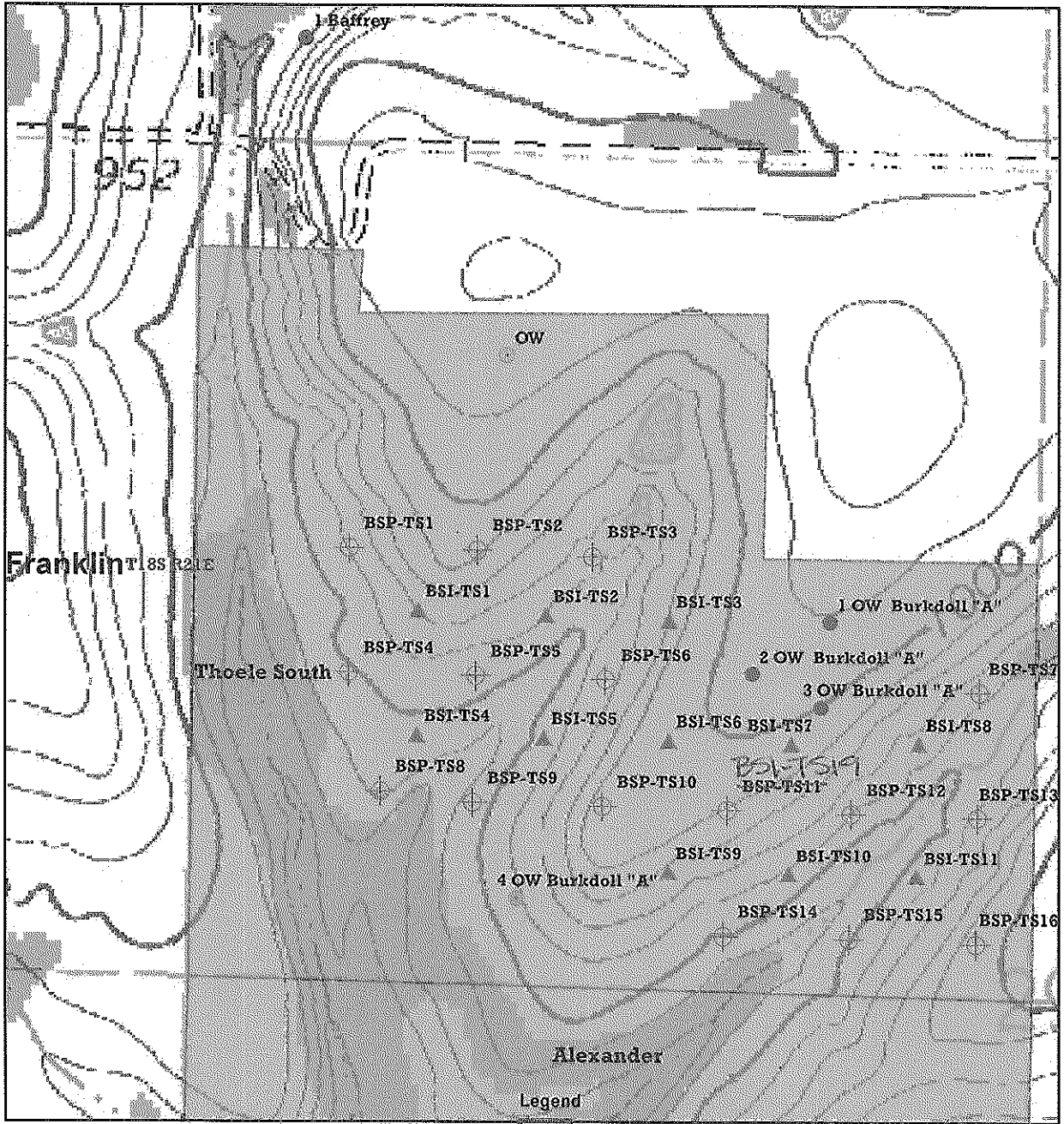
Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		10.30.00
5406	1	MILEAGE		
5402	779	Casing footage		
5407	1/2 min	Ten miles		175.00
5502C	1	80 vac		90.00
1127	10 L	70130 poz		1282.70
118B	278	gel		59.38
1111	20.4 #	salt		75.48
1107A	51 #	Pheno seal		65.79
4422	1	2 1/2 plug		28.00
SCANNED				
			SALES TAX	117.81
			ESTIMATED TOTAL	2923.16

Ravin 3737.

AUTHORIZATION Brian B... 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.



EnerJex Kansas, Inc.

Existing Well Locations, South Thoele Lease
 Sec 29, T. 18 S., R. 21 E.
 Franklin County, Kansas

USGS topographic base.
 Contour interval is 10 feet.

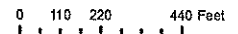
David C. Smith, Geologist
 June 12, 2012

Legend

publdsur

Rantoul Well Locations

- <all other values>
- VALUE
- 1 Producing Well
- 2 Injection Well
- 3 Water Supply Well
- 4 Temporarily Abandoned Well
- 5 Plugged Well
- ⊕ 6 Tank Battery
- ⊕ 7 Plugged Well With Uncertain Location
- ⊕ 8 Proposed Production Well
- ▲ 9 Proposed Injection Well
- ☼ 10 Gas Well



1 inch = 500 feet

Summary of Changes

Lease Name and Number: Thoele South BSI-TS19

API/Permit #: 15-059-26108-00-00

Doc ID: 1105014

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	11/27/2012	12/17/2012
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1100021	../../../../kcc/detail/operatorEditDetail.cfm?docID=1105014
Well Number	BSP-TS11	BSI-TS19

Summary of Attachments

Lease Name and Number: Thoele South BSI-TS19

API: 15-059-26108-00-00

Doc ID: 1105014

Correction Number: 1

Attachment Name



CONFIDENTIAL

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: _____

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- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

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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 _____
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- Dual Completion Permit #: _____
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- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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_____ - _____ - _____ 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.

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(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: _____