Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1105014

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 # | API No. 15 |
|--|---|
| Name: | Spot Description: |
| Address 1: | |
| Address 2: | Feet from Dorth / South Line of Section |
| City: State: Zip:+ | Feet from East / West Line of Section |
| Contact Person: | Footages Calculated from Nearest Outside Section Corner: |
| Phone: () | |
| CONTRACTOR: License # | GPS Location: Lat:, Long: |
| Name: | (e.g. xx.xxxxx) (e.gxxx.xxxxx) |
| Wellsite Geologist: | Datum: NAD27 NAD83 WGS84 |
| Purchaser: | County: |
| Designate Type of Completion: | Lease Name: Well #: |
| New Well Re-Entry Workover | Field Name: |
| | Producing Formation: |
| | Elevation: Ground: Kelly Bushing: |
| Gas D&A ENHR SIGW | Total Vertical Depth: Plug Back Total Depth: |
| OG GSW Temp. Abd. | Amount of Surface Pipe Set and Cemented at: Feet |
| Cathodic Other (Core, Expl., etc.): | Multiple Stage Cementing Collar Used? |
| If Workover/Re-entry: Old Well Info as follows: | If yes, show depth set: Feet |
| Operator: | If Alternate II completion, cement circulated from: |
| Well Name: | feet depth to:w/sx cmt. |
| Original Comp. Date: Original Total Depth: | |
| Deepening Re-perf. Conv. to ENHR Conv. to SWD | Drilling Fluid Monogoment Blon |
| Plug Back Conv. to GSW Conv. to Producer | Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) |
| | Chloride content: ppm Fluid volume: bbls |
| Commingled Permit #: Dual Completion Permit #: | Dewatering method used: |
| SWD Permit #: | Location of fluid disposal if hauled offsite: |
| ENHR Permit #: | Location of huld disposa in nation offsite. |
| GSW Permit #: | Operator Name: |
| | Lease Name: License #: |
| Spud Date or Date Reached TD Completion Date or | Quarter Sec TwpS. R East West |
| Recompletion Date Recompletion Date | 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 Approved by: Date: | | | | | |
| | | | | | |

1105014

| Operator Nan | ne: | | | Lease Nam | ie: | _ Well #: |
|--------------|------------|---------------|-------------------------|------------------|--|---------------------------------------|
| Sec | Twp | _S. R | East West | County: | | |
| | NC. Chauri | maartant tono | of formations populated | Datail all aaroo | Depart all final appias of drill stores to | ate aiving interval tested, time teal |

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 Yes No (Attach Additional Sheets) | | | | Log Formation (Top), Depth and Datum | | | | |
|---|-------------------------|-----------------------------------|-----------------------------------|--------------------------------------|-------------------|------------------|-------------------------------|--|
| Samples Sent to Geolog | , | Yes No | Nam | e | | Тор | Datum | |
| Cores Taken Electric Log Run | | ☐ Yes ☐ No ☐ Yes ☐ No | | | | | | |
| List All E. Logs Run: | | | | | | | | |
| | | | | | | | | |
| | | CASING Report all strings set- | RECORD Ne | | on, 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 / SQU | JEEZE RECORD | | | | |
| Purpose: Depth Top Bottom Type of Cement # Sacks U | | # Sacks Used | s Used Type and Percent Additives | | | | | |
| Protect Casing | | | | | | | | |
| Plug Back TD Plug Off Zone | | | | | | | | |
| Did you perform a hydraulic | fracturing treatment | on this well? | | Yes | No (If No, skip | o questions 2 an | d 3) | |
| Does the volume of the tota | I base fluid of the hyd | raulic fracturing treatment ex | ceed 350,000 gallons | ? Yes | No (If No, skip | o question 3) | | |
| Was the hydraulic fracturing | disclosure registry? | Yes | No (If No, fill o | out Page Three o | of the ACO-1) | | | |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated | | | | | ement Squeeze Record d of Material Used) | Depth | | | |
|--------------------------------------|---|------------------|---------|-----------------|------------------------------|---|----------|-----------------|---------------|---------|
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| | | | | | | | | | | |
| TUBING RECORD: | Siz | ze: | Set At: | | Packer | r At: | Liner F | | No | |
| Date of First, Resumed | Producti | ion, SWD or ENHF | ł. | Producing Met | nod: | ping | Gas Lift | Other (Explain) | | |
| Estimated Production Per 24 Hours | | Oil Bb | ls. | Gas | Mcf | Wate | er | Bbls. | Gas-Oil Ratio | Gravity |
| DISPOSITI | | as [.] | | Ň | | OF COMPLE | TION | | PRODUCTION IN | FRVAL · |
| | | Perf. | | Comp. | Commingled (Submit ACO-4) | | | | | |
| (If vented, Su | bmit ACO | D-18.) | | Other (Specify) | | | , | (000/11/ 100-4) | | |
| | | | | | | | | | | |

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

<u>**DRILL LOG</u>**</u>

Operator License# 33741

Operator Enerjex Kansas

Address 27 Corporate Woods, #350

Phone 913-754-7754

Contractor License # 32834

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

Surf. Pipe Size_7"___ Depth__20ft___

API # 15-059-26108-00-00

1012201011

Lease Name Thoele South

Well # BSP.TS-11

BSI-TS19

1.11.0

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

Contractor JTC Oil, Inc.

3 sacks cement

County Franklin

| <u>trata From</u> | То | <u>Thickness</u> | <u>Strata Fi</u> | r <u>om</u> | <u>To</u> |
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| 1 <u>e 2</u> | 4 | 31 | lime | 259 | <u> 290</u> |
| ale4 | 34 | | black shale | 290_ | <u>298</u> |
| ne <u>34</u> | 65 | 21 | lime | 298 | 319 |
| ale 65 | 142 | 2 | shale | 319 | 321 |
| <u>ne 142</u> | 161 | 1 3 | çoal | 321 | 324 |
| <u>ale 161</u> | 189 |) 1.3 | lime | 324 | 337 |
| <u>ne 189</u> | 19: | <u> </u> | shale | 337 | 394 |
| d bed 191 | 19 | <u>59</u> | sand | 394 | 403 |
| <u>ale 195</u> | 234 | <u>1 97 </u> | shale | 403 | 500 |
| ne <u>234</u> | 250 |) 10 | lime | 500 | 510 |
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| | | 16 | sand | 521 | 537 |
| | | 25 | shale | 597 | 562 |
| | | 2 | coal | 562 | 564 |
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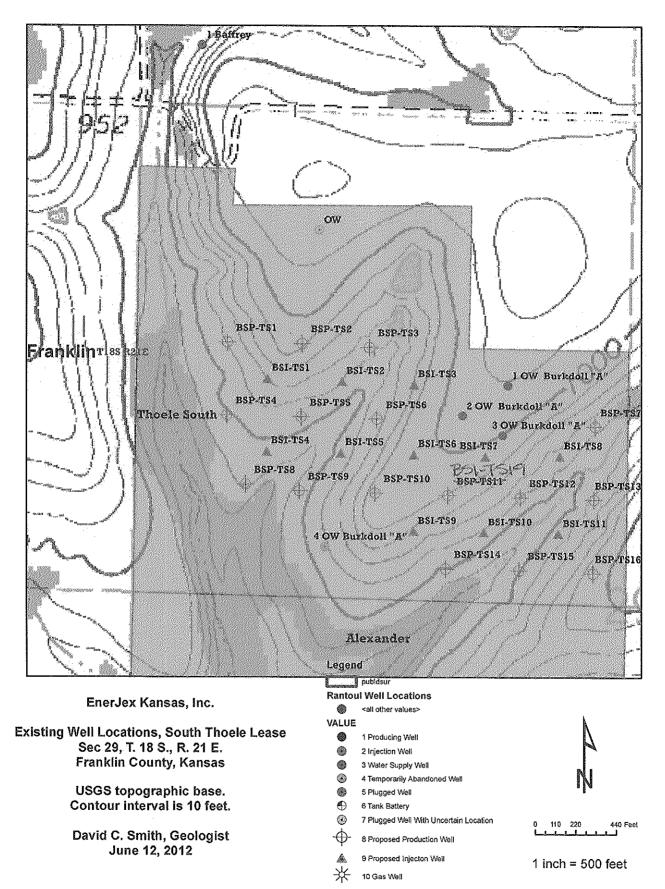
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| TOTAL 2923.16 | Ravin 3737. | | | | · · · · · · · · · · · · · · · · · · · | SALES TAX | 117.81 |
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| | AUTHORIZT | ION Della Della | | | | | en renviry |

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



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/operatorE ditDetail.cfm?docID=11 | //kcc/detail/operatorE ditDetail.cfm?docID=11 |
| Well Number | 00021 BSP-TS11 | 05014 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

1100021

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

| WELL | HISTORY | - DESCRIPTION | & I FASE |
|------|---------|---------------|----------|
| | | - DESCRIFTION | & LLASL |

| OPERATOR: License # | | API No. 15 | | |
|---|---|---|---------------------------------|--|
| Name: | | Spot Description: | | |
| Address 1: | | | | |
| Address 2: | | Feet from North / South Line of Section | | |
| City: State: 2 | Zip: + | Feet from East / West Line of Section | | |
| Contact Person: | | | Nearest Outside Section Corner: | |
| Phone: () | | | | |
| CONTRACTOR: License # | | | | |
| Name: | | Lease Name: Well #: | | |
| | | Field Name: | | |
| Wellsite Geologist: | | | | |
| Purchaser: | | Producing Formation: | | |
| Designate Type of Completion: | | Elevation: Ground: Kelly Bushing: | | |
| New Well Re-Entry | Workover | Total Depth: Plu | g Back Total Depth: | |
| Oil WSW SWD | SIOW | Amount of Surface Pipe Set | t and Cemented at: Fee | |
| Gas D&A ENHR | SIGW | Multiple Stage Cementing C | Collar Used? | |
| OG GSW | Temp. Abd. | If yes, show depth set: | Fee | |
| CM (Coal Bed Methane) | | If Alternate II completion, cement circulated from: | | |
| Cathodic Other (Core, Expl., etc.): | | feet depth to: | w/sx.cm | |
| If Workover/Re-entry: Old Well Info as follows: | | | | |
| Operator: | | | | |
| Well Name: | | Drilling Fluid Managemen (Data must be collected from th | | |
| Original Comp. Date: Original | Total Depth: | | | |
| | to ENHR Conv. to SWD | Chloride content: | ppm Fluid volume: bbl | |
| | | Dewatering method used: | | |
| Plug Back: P | | Location of fluid disposal if I | hauled offsite: | |
| Commingled Permit #: | - · | Operator Name: | | |
| Dual Completion Permit #: | | | | |
| SWD Permit #: | | Lease Name: | License #: | |
| | | Quarter Sec | _ TwpS. R East _ Wes | |
| GSW Permit #: | | County: | Permit #: | |
| | | | | |
| Spud Date or Date Reached TD Recompletion Date | Completion Date or Recompletion Date | | | |

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: | | | | |