



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: _____



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
---	---

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 Bbbs.	Gas Mcf	Water Bbbs.	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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	---	--

McGown Drilling, Inc.
Mound City, Kansas

Operator:

Energex Kansas, Inc.
Overland Park, KS

Thoele South BSI-TS5

Franklin Co, KS
29-18S-21E
API # 15-059-26098-00-00

Spud Date: 8/13/2012
Surface Casing: 7"
Surface Length: 21.0'
Surface Cement: 5 sx

Surface Bit: 9.875"
Drill Bit: 5.875"
Longstring: 744'
Longstring Date: 8/15/2012

Driller's Log

Top	Bottom	Formation	Comments
0	2	Soil	
2	34	Lime	
34	111	Shale	
111	130	Lime	
130	156	Shale	
156	159	Lime	
159	202	Shale	
202	307	Lime	
307	472	Big Shale	
472	486	Lime	
486	541	Shale & Sand	
541	545	Lime	
545	559	Shale	
559	562	Lime	
562	580	Black Shale & Shale	
580	595	Lime	
595	602	Shale	
602	605	Lime	
605	606	Black Shale	
606	609	Shale	
609	620	Lime	
620	622	Lime	Light Oil Show
622	625	Lime	
625	628	Shale	
628	633	Grey Sand	
633	693	Shale	

Thoele South BSI-TS 5
Franklin Co., KS

693	698	Sand	Good Oil Show
698	754	Shale	
754	TD		



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39517
LOCATION Ottawa
FOREMAN Alan Mader

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
8-20-12	2579	Thoele BSI TS 5	NW 29	18	21	FR
CUSTOMER <u>EnerTex Resources</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>10975 Grandview Dr</u>			<u>516</u>	<u>Ala Mad</u>	<u>Safety</u>	<u>Meet</u>
CITY <u>Overland Park</u>	STATE <u>KS</u>	ZIP CODE <u>66210</u>	<u>368</u>	<u>Art Mad</u>	<u>Art</u>	
			<u>369</u>	<u>Der Mas</u>	<u>DM</u>	
			<u>510</u>	<u>Set Mc</u>	<u>ST</u>	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 754 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 740 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING yes
DISPLACEMENT 4.2 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4.6 gpm

REMARKS: Held crew meet. Established rate. Mixed & pumped 100# gel followed by 101 sk 70/30 cem. plus 570 salt 270 gel 1/2 phen seal per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI for 30 minute M.T. Set float. Closed valve.

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	367	1030.00
5406		MILEAGE	368	
5402	740'	casing footage	368	
5407	1/2 min	ton miles	310	175.00
5502C	1	80 val	369	90.00
1127	101	70/30 cem		1282.70
1183	278 #	gel		58.38
1111	204 #	salt		75.48
1107A	51 #	phen seal		65.19
4422	1 #	2 7/8 plug		28.00
SCANNED				
			SALES TAX	117.84
			ESTIMATED TOTAL	2923.10

AVIN 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.