



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1146881
OIL & GAS CONSERVATION DIVISION

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 # _____

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: _____



1146881

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> _____	PRODUCTION INTERVAL: _____ _____
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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

June 19, 2013

Amy McFadden
Energex Kansas, Inc.
2038 S. PRINCETON ST., STE B
OTTAWA, KS 66067

Re: ACO1
API 15-059-26382-00-00
THOELE SOUTH BSI-TS20
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,
Amy McFadden

McGown Drilling, Inc.
Mound City, Kansas

Operator:
Enerjex Kansas, Inc.
Overland Park, KS

Thoele South BSI-TS 20

Franklin Co, KS
29-18S-21E
API # 059-26382

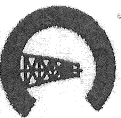
Spud Date: 5/7/2013 **Surface Bit:** 9.875"
Surface Casing: 7" **Drill Bit:** 5.875"
Surface Length: 20.0' **Longstring:** 781.3'
Surface Cement: 4 sx **Longstring Date:** 5/8/2013

Driller's Log

Top	Bottom	Formation	Comments
0	14	Lime	
14	50	Shale	
50	84	Lime	
84	158	Shale	
158	175	Lime	
175	202	Shale	
202	208	Lime	
208	248	Shale	
248	354	Lime	
354	500	Big Shale	
500	510	Lime	
510	516	Shale	
516	532	Lime	
532	603	Shale & Sand	
603	605	Lime	
605	623	Shale	
623	641	Lime	
641	654	Bl. Shale & Shale	
654	665	Lime	
665	667	Bl. Shale	
667	670	Lime	Light oil show
670	676	Lime	
676	678	Shale	
678	681	Sand	Grey, no oil show
681	735	Shale	
735	758	Sand	Good oil show

Thoele South BSI-TS 20
Franklin Co., KS

758	759	Coal
759	773	Shale
773	774	Lime
774	775	Coal
775	790	Shale
790	TD	



CONSOLIDATED
OIL WELL SERVICES, LLC

258945

TICKET NUMBER **41882**

LOCATION Ottawa, KS

FOREMAN Fred Maden

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																				
5/17/13	2579	So Thale # 851-75-20	W 29	15	21	FR																				
CUSTOMER	Emerjeep Resources Inc																									
MAILING ADDRESS	10975 Grandview Dr																									
CITY	STATE	ZIP CODE	<table border="1"> <tr> <td>TRUCK #</td> <td>DRIVER</td> <td>TRUCK #</td> <td>DRIVER</td> </tr> <tr> <td>712</td> <td>Fre Mad</td> <td></td> <td></td> </tr> <tr> <td>495</td> <td>Har Bec</td> <td></td> <td></td> </tr> <tr> <td>505/706</td> <td>Jas Ric</td> <td></td> <td></td> </tr> <tr> <td>548</td> <td>Mikhaa</td> <td></td> <td></td> </tr> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	712	Fre Mad			495	Har Bec			505/706	Jas Ric			548	Mikhaa		
TRUCK #	DRIVER	TRUCK #	DRIVER																							
712	Fre Mad																									
495	Har Bec																									
505/706	Jas Ric																									
548	Mikhaa																									
10975	KS	66210																								

JOB TYPE Longstray HOLE SIZE 6 HOLE DEPTH 790 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 781 DRILL PIPE _____ TUBING _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ OTHER _____
 DISPLACEMENT 4,548 DISPLACEMENT PSI _____ MIX PSI _____ CEMENT LEFT IN CASING 2 1/2" plug
 RATE 580 PM

REMARKS: Hold crew meeting. Establish pump rate. Mix Pump 100 # Gal
Flush. Mix Pump 98 SKS 70/30 for Mix Cement 2 7/8 Gal 5 7/8 Salt
1/2" Phenol Seal/Sk. Cement to Surface. Flush pump + lines clean
Displace 2 1/2" Rubber plug to casing TP. Pressure to 600 # PSI,
No 1 + Monitor pressure for 30 min. MIT. Release pressure to
Set float valve. Shut in Casing

McGowan Drilling Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085.00
5406	---	MILEAGE	495	N/C
5402	781	Casing for top		N/C
5403	1/2 minimum	Tom Miles	548	184.00
5501c	1 1/2 hr	Transport	505/706	150.00
1127	97 SKS	70/30 Per mix Cement		1294.95
1118B	271 #	Premium Gel		59.65
1111	197 #	Granulated Salt		76.83
1107A	49 #	Phenol Seal		66.15
4402	1	2 1/2" Rubber Plug		29.50
				✓ completed
			SALES TAX	119.11
			ESTIMATED TOTAL	3095.16

AUTHORIZATION [Signature] TITLE _____ DATE _____

RAVIN 3737

Acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.