



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1149109
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: _____



1149109

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> _____ <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

July 01, 2013

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

Re: ACO1
API 15-059-26376-00-00
THOELE SOUTH BSI-TS26
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

DRILL LOG

Operator License# 33741

API # 15-059-26376-00-00

Operator Enerjex Kansas

Lease Name Thoele South

Address 2038 S. Princeton St., Ste. B, Ottawa, KS

Well # BSI-TS26

Phone 785-241-2228

Spud Date 5/16/13 Cement 5/23/13

Contractor License # 32834

Contractor JTC Oil, Inc.

T.D 820 TD of Pipe 804'

3 sacks cement

Surf. Pipe Size 7" Depth 21.10'

County Franklin

Thickness	Strata	From	To	Thickness	Strata	From	To
2	Soil	0	2	2	Shale	219	221
5	Clay	2	7	5	Red Bed	221	226
20	Lime	7	27	36	Shale	226	262
25	Shale	27	52	15	Lime	262	277
2	Lime	52	54	9	Shale	277	286
11	Shale	54	65	30	Lime	286	316
33	Lime	65	98	8	Black Shale	316	324
72	Shale	98	170	24	Lime	324	348
20	Lime	170	190	4	Coal	348	352
23	Shale	190	213	12	Lime	352	364
6	Lime	213	219	150	Shale	364	514

4	Lime	514	518
10	Shale	518	528
18	lime	528	546
8	Shale	546	554
14	Sand	554	568
20	Shale	568	588
3	Coal	588	591
4	Shale	591	595
10	Lime	595	605
11	Shale	605	616
2	Lime	616	618
21	Black Shale	618	639
11	Lime	639	650
11	Shale	650	661
11	Lime	661	672
3	Lime/Oil 672-675		Good
3	Lime/Oil 675-678		Good
2	Shale	678	680
5	Coal	680	685
14	Sand	685	699
51	Shale	699	750
1	Oil/Sand 750-751		Good

2	Oil/Sand 751-753	Good
2	Oil/Sand 753-755	OK
2	Oil/Sand 755-757	Broken
63	Shale	757 820



CONSOLIDATED
Oil Well Services, LLC

259116

TICKET NUMBER 41919

LOCATION Ottawa KS

FOREMAN Fred Madar

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
5/28/13	2579	So Thale # BSI-TS 26	WU 29	18	21	FR
CUSTOMER	Energie Resources Inc					
MILING ADDRESS	16975 Grandview Dr.					
CITY	Overland Park	STATE	KS	ZIP CODE	66210	
TRUCK #	712	DRIVER	Fre Mad	TRUCK #	DRIVER	
TRUCK #	495	DRIVER	Kel Car	TRUCK #	DRIVER	
TRUCK #	369	DRIVER	Der Mas	TRUCK #	DRIVER	
TRUCK #	510	DRIVER	Set Jus	TRUCK #	DRIVER	

JOB TYPE Logging HOLE SIZE 6 HOLE DEPTH 820 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 509 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2" Plug
 DISPLACEMENT 4.6788 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.8 P.M.
 REMARKS: Hold over mud. Establish pump rate. Mixe Pump
Bel Flush. Mix & Pump 5/8 70/30 Pot Mix Cement 2 1/2
Col 5 1/2 Salt 1/2 # Pump Seal/pt. Cement to surface. Flush
Pump + lines clean. Displace 2 1/2" Rubber Plug to casing
TD. Pressure to 800 P.S.I. Hold + Monitor pressure for 30
min. M.I.T. Release pressure to set float valve. Shut in
Casing.
ITC Drilling
fuel made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085.00
5406	28 mi	MILEAGE	495	8400
5402	804	Casings Footage		n/c
5407	1/2 Mini truck	Tom Miles	510	184.00
5502	1 1/2 hr	80 Bbl Vac Truck		135.00
1187	100 SKs	70/30 Pot Mix Cement		1335.00
1188	276 #	Premium Col		60.22
1111	203 #	Groundated Salt		29.17
11079	50 #	Pleuro Seal		67.50
4402	1	2 1/2" Rubber Plug		29.50
Completed				
SALES TAX			28%	122.62
ESTIMATED TOTAL				3182.51

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.