



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1150154
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: _____



1150154

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
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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

July 01, 2013

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

Re: ACO1
API 15-059-26381-00-00
THOELE SOUTH BSI-TS27
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 # 15-059-26381-00-00

Operator Enerjex Kansas

Lease Name Thoele South

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

Well # BSI-TS27

Phone 785-241-2228

Spud Date 5/17/13 Cement 5/23/13

Contractor License # 32834

Contractor JTC Oil, Inc.

T.D 800 TD of Pipe 791.5

3 sacks cement

Surf. Pipe Size 7" Depth 21'

County Franklin

	Thickness	Strata	From	To	Thickness	Strata	From	To
2	Soil		0	2	35	Shale	219	254
4	Clay		2	6	16	Lime	254	270
17	Lime		6	23	8	Shale	270	278
35	Shale		23	58	31	Lime	278	309
31	Lime		58	89	9	Black Shale	309	318
75	Shale		89	164	23	Lime	318	341
21	Lime		164	185	4	Coal	341	345
21	Shale		185	206	13	Lime	345	358
7	Lime		206	213	150	Shale	358	508
2	Shale		213	215	6	Lime	508	514
4	Red Bed		215	219	10	Shale	514	524

19	Lime	524	543
4	Shale	543	547
15	Sand	547	562
20	Shale	562	582
3	Coal	582	585
4	Shale	585	589
7	Lime	589	596
13	Shale	596	609
3	Lime	609	612
20	Black Shale	612	632
11	Lime	632	643
10	Shale	643	653
2	Lime	653	655
4	Coal	655	659
6	Lime	659	665
2	Lime Oil 665-667		Good
3	Lime Oil 667-670		Good
1	Lime Oil 670-671		Good
3	Shale	671	674
4	Coal	674	678
16	Sand	678	694
47	Shale	694	741

<hr/>	1	Oil Sand 741-742	OK
<hr/>	2	Oil Sand 742-744	Good
<hr/>	2	Oil Sand 744-746	V Good
<hr/>	2	Oil Sand 746-748	Good
<hr/>	2	Oil Sand 748-750	OK
<hr/>	4	Sand 750	754
<hr/>	46	Shale 754	800



CONSOLIDATED
Oil Well Services, LLC

259117

TICKET NUMBER 41920

LOCATION Oklahoma KS
FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720
920-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/23/13	2579	50 Thole # BSI. TS 27	W019	18	21	FR
CUSTOMER	Emerick Resources Inc		TRUCK #	DRIVER	TRUCK #	DRIVER
MILING ADDRESS	10975 Grandview Dr		712	Fre Mad		
CITY	STATE	ZIP CODE	495	Kei Car		
Overland Park	KS	66210	369	Der Mas		
			510	Set Tue		

JOB TYPE Leasehold HOLE SIZE 6 HOLE DEPTH 800 CASING SIZE & WEIGHT 2 7/8 ECT
 CASING DEPTH 791 f DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER GALLS _____ CEMENT LEFT IN CASING 2 1/2" Plug
 DISPLACEMENT 4.6 gal-displacement PSI MIX PSI _____ RATE 5 BPPM

REMARKS: Hold crew making. Establish pump rate. Mix pump 100* Gal
Flush Mix Pump 100 SKS 70/30 Per Mix Cement 27 Gal 5%
Salt 1/2" Phos Seal 1/4" Cement to surface. Flush pump 1 hr
Clear. Displace 2 1/2" Rubber Plug to casing TB. Pressure to 800*
PSI. Hold r Monitor Pressure for 30 min MIT. Release
pressure to set flock Value. Shut in Casing.

ITC Drilling Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	485	1085.00
5406	---	MILEAGE		N/C
5402	791	Casing footage		N/C
5407	1/2 MINIMUM	Tax Miles	510.00	184.00
5502E	1 1/2 hr	80 BBL Vac Truck	369	135.00
1127	100SKS	70/30 Per Mix Cement		1335.00
118B	276 #	Premium Gel		6072
1111	008 #	Gravelosed Salt		7917
1107#	50 #	Phos Seal		6750
4402	1	2 1/2" Rubber Plug		29.90
			7.58	12262
				309851

Completed

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.