



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1152117
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: _____



1152117

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> <i>(Submit ACO-4)</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 18, 2013

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

Re: ACO1
API 15-059-26369-00-00
THOELE SOUTH BSP-TS36
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 # 15-059-26369-00-00

Operator Enerjex Kansas

Lease Name Thoele South

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

Well # BSP-TS36

Phone 785-241-2228

Spud Date 05/22/13 Cement

Contractor License # 32834

Contractor JTC Oil, Inc.

T.D 800 TD of Pipe 793

3 sacks cement

Surf. Pipe Size_7" Depth__ 22'

County Franklin

	Thickness	Strata		Thickness	Strata	
		From	To		From	To
1	Soil	0	1	22	Shale	192 214
1	Clay	1	2	5	Lime	214 219
1	Lime	2	3	2	Shale	219 221
4	Shale	3	7	3	Red Bed	221 224
20	Lime	7	27	38	Shale	224 262
6	Shale	27	33	15	Lime	262 277
3	Red Bed	33	36	8	Shale	277 285
29	Shale	36	65	31	Lime	285 316
32	Lime	65	97	9	Black Shale	316 325
73	Shale	97	170	23	Lime	325 348
22	Lime	170	192	4	Coal	348 352

13	Lime	352	365
164	Shale	365	529
15	Lime	529	544
8	Shale	544	552
8	sand	552	560
27	Shale	560	587
4	Coal	587	591
3	Shale	591	594
8	Lime	594	602
13	Shale	602	615
3	Lime	615	618
18	Black Shale	618	636
12	Lime	636	648
11	Shale	648	659
2	Lime	659	661
2	Coal	661	663
9	Lime	663	672
2	Lime Oil 672-674	OK	
2	Lime Oil 674-676	Good	
2	Lime Oil 676-678	OK	
2	Shale	678	680
5	Coal	680	685

11	Sand	685	696
51	Shale	696	747
2	Oil Sand 747-749		Good
2	Oil Sand 749-751		Good-V
2	Oil Sand 751-753		Good
2	Oil Sand 753-755		Broken
45	Shale	755	800



259436



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
6-7-13	2579	So Thole* BSP-TS-36	NW 29	18	21	FR

CUSTOMER
Energen Resources Inc
MAILING ADDRESS
10975 Grandview Dr
CITY
Overland Park STATE
KS ZIP CODE
66210

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fro Mad		
495	Kei Car		
370	Tas Ric		
510	Satue	558	Wil Max

JOB TYPE Log string HOLE SIZE 6 HOLE DEPTH 800 CASING SIZE & WEIGHT 2 1/2 EUE
CASING DEPTH 793 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
DISPLACEMENT 4.61 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Hold crew meeting. Establish pump rate. Mix & Pump 100* Gel
Flush. Mix & Pump 102SKS 70/30 Perm Mix Cement 280 Gel 5% Salt
1/2" Pheno Seal/sk. Cement to surface. Flush pump & lines clean.
Displace 2 1/2" Rubber plug to casing TD. Pressure to 800* PSI.
Release pressure to set float valve. Shut in casing.

JTC 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		N/C
5402	793	Casing footage		N/C
5407	Minimum	Tax miles	558	368 ⁰⁰
5502C	2 hr	80 BBL Vac Truck	370	180 ⁰⁰
1127	102SKS	70/30 Perm Mix Cement		1361 ⁷⁰
1118B	280*	Premium Gel		61 ⁶⁰
1111	207*	Granulated Salt		80 ⁷³
1107A	51*	Pheno Seal		68 ⁵⁵
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			7.870	

completed

SALES TAX 124.98
ESTIMATED TOTAL 3360.36
AUTHORIZATION Ben Ball 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.