Confidentiality Requested: Yes No

# KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1152149

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 #		API No. 15
Name:		Spot Description:
Address 1:		
Address 2:		Feet from  North / South Line of Section
City: State: Zi	p:+	Feet from East / West Line of Section
Contact Person:		Footages Calculated from Nearest Outside Section Corner:
Phone: ()		
CONTRACTOR: License #		GPS Location: Lat:, Long:
Name:		(e.g. xx.xxxx) (e.gxxx.xxxxx)
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84
Purchaser:		County:
Designate Type of Completion:		Lease Name: Well #:
New Well Re-Entry	Workover	Field Name:
		Producing Formation:
	☐ SIGW	Elevation: Ground: Kelly Bushing:
	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)		Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):		Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:		If yes, show depth set: Feet
Operator:		If Alternate II completion, cement circulated from:
Well Name:		feet depth to:w/sx cmt.
Original Comp. Date: Original T	otal Depth:	
Deepening Re-perf. Conv. to E	NHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to G	SW Conv. to Producer	(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 #:
Spud Date or Date Reached TD	Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date	Recompletion Date	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:									

	Page Two	1152149
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 Taker (Attach Additional		Yes No	L	og Formatio	on (Top), Depth and	d Datum	Sample
Samples Sent to Geo		Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING Report all strings set-c			on, 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 / SQL	EEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing Plug Back TD							
Plug Off Zone							
Did you perform a hydrau	ulic fracturing treatment of	on this well?		Yes	No (If No, skip	o questions 2 an	d 3)
		raulic fracturing treatment ex		Yes		o question 3)	
Was the hydraulic fractur	ing treatment informatio	n submitted to the chemical o	lisclosure registry?	Yes	No (If No, fill o	out Page Three o	of the ACO-1)
			s Sot/Tuno	Acid Frag	stura Shot Comont	Saucozo Pocora	4

Shots Per Foot		PERFORATION Specify For	I RECORD - Bridge Plugs Set/Type otage of Each Interval Perforated						ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Size	:	Set At	:	Packe	r At:	Liner F		No	
Date of First, Resumed	d Production	n, SWD or ENHR		Producing Met	hod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bbl	S.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSIT	ION OF GA	AS:	METHOD OF COMPLETI						PRODUCTION IN	TERVAL:
	Vented Sold Used on Lease (If vented, Submit ACO-18.)			Open Hole Perf. Dually (Submit A Other (Specify)				Commingled (Submit ACO-4)		

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 Enerjex Kansas, Inc. 2038 S. PRINCETON ST., STE B OTTAWA, KS 66067

Re: ACO1 API 15-059-26370-00-00 THOELE SOUTH BSP-TS37 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

3 Shale 218 221	7 Llrne 211 218	<u>19 Shale 192 211</u>	23 Lime 169 192	74 Shale 95 169	<u>31 Lime 64 95</u>	<u>35 Shale 29 64</u>	<u>19 Lime 10 29</u>	4 Shale 6 10	4 Clay 2 6	<u>2 Soil 0 2</u>	Thickness Strata From To	Kind of Well Production	Surf. Pipe Size <u>7"</u> Depth <u>2</u>	Contractor License 32834 T.D. <u>800</u> T.D. of Pipe 791	Contractor JTC Oil, Inc.	Ottawa, KS 66067	Address 2038 S. Princeton St., Ste B	Operator Enerjex Kansas	Operator License # 33741	
1 4 Lime 514 518	8 151 Shale 303 514	1 12 Lime 351 363	12 5 Coal 346 351	9 20 Lime 326 346	11 Black Shale 315 326	. 31 Lime 284 315	) 8 Shale 276 284	) <u>15</u> Lime <u>261 276</u>	34 Shale 227 261	6 Red Bed 221 227	Thickness Strata From To	County Franklin	22' feet from	Location of feet from	Spud Date 05/23/13 Cement		Ste B Well # BSP-TS37	Lease Name Thoele South	API # 15-15-059-26370-00-00	DRILL LOG

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Oil Sand 744-745	Shale	Sand	Coal	Shale	Lime Oil 671-673	Lime Oil 669-671	Lime Oil 667-669	Lime	Coal	Lime	Shale	Lime	Black Shale	Lime	Shale	lime	Shale	Coal	Shale	Sand	Shale	Lime	Shale
n	695	679	674	673	1-673		7-669	661	657	655	644	633	615	613	599	595	590	587	559	553	543	527	518
Good	744	695	679	674	<u>S</u>	V Good	V Good	667	661	657	655	644	633	615	613	599	595	590	587	559	553	543	527

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CONSOLIDATED
Oli Wall Services, LLC

259	435	SCANNER T	
01		LOCATI	ON OXX

FOREMAN Fred Mader

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PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

JTC Drilling

## FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME &	NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY				
6.7-17	2579	So Theele #E	SP. TX. 37	NW 29	18	~ > >	FR				
CUSTOMER						21					
Ener MAILING ADDRE	ing Reson	vers Ture		TRUCK #	DRIVER	TRUCK #	DRIVER				
MAILING ADDRE	SS			\$ 712	Fremad						
10975	Grand	view Dr		495	Ki Car						
CITY		STATE ZIP COI	DE	370	Jas Ric						
Overlan	d Park	KS 662	10	510	Set Tue						
JOB TYPE La	ngstring	HOLE SIZE 6	HOLE DEPTI	HBOO	CASING SIZE & W	EIGHT 27 E	UF				
CASING DEPTH	7910	DRILL PIPE	TUBING			OTHER					
SLURRY WEIGH	17	SLURRY VOL	WATER gal/s	sk	CEMENT LEFT in	CASING_25	Plug				
DISPLACEMENT	- 4.6 BBC	DISPLACEMENT PSI	MIX PSI		RATE YBA		0				
REMARKS: 14	old Crew	meeting.	Establich	pump rat	. Mixy Pu	ma 100 th	Gel				
<u> </u>	sh. Mixx	Pump 104	5Ks 70/30	S Por Mix	Coment 29	10 Cul 5% S	ilt				
1/2 # 0	kens Seal	1sk. Cemen	t the Surf	ace. Flus	h Doma y	- lines cl	ean.				
Dis	place 2	E" rubber pi	luc to casi	ive TD. F	ressure	to 800#					
Rele	Release pressure to sot float value. Shot in Casity.										
					8						

Mal

ACCOUNT **QUANITY or UNITS DESCRIPTION of SERVICES or PRODUCT** UNIT PRICE TOTAL CODE 108500 PUMP CHARGE 455 5401 MILEAGE 5406 NIC 791 5402 Casing NIC 18400 in 510 minimom 5407 Z 18000 ROBBL Vac. Zhrs Truck 370 15020 8 1127 104 sics Poz Mix Cement 40 70/30 284 Promium Gel 11180 211# ranulated Salt 0 1111 20 Philus Seal 1107A 70 2950 1.10 4402 ļ ሰበ 1 7.82 SALES TAX Ravin 3737 ESTIMATED TOTAL AUTHORIZTION DULLA 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.