



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1153850
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: _____



1153850

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

August 01, 2013

Elizabeth Brinkmeyer
Energex Kansas, Inc.
2038 S. PRINCETON ST., STE B
OTTAWA, KS 66067

Re: ACO1
API 15-059-26460-00-00
Thoele South BSP-TS40
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,
Elizabeth Brinkmeyer

DRILL LOG

Operator License # 33741 API # 15-059-26460-00-00
 Operator Energex Kansas Lease Name Thoele South
 Address 2038 S. Princeton St., Ste B Well # BSP-TS40
Ottawa, KS 66067
 Contractor JTC Oil, Inc. Spud Date 7/08/13 Cement 7/12/13
 Contractor License 32834 Location _____ of _____
 T.D. 880 T.D. of Pipe 835 _____ feet from _____
 Surf. Pipe Size 7" Depth 20' _____ feet from _____
 Kind of Well Production County Franklin

Thickness	Strata	From	To	Thickness	Strata	From	To
<u>2</u>	<u>Lime</u>	<u>0</u>	<u>2</u>	<u>33</u>	<u>Lime</u>	<u>221</u>	<u>254</u>
<u>26</u>	<u>Lime</u>	<u>2</u>	<u>28</u>	<u>7</u>	<u>Black Shale</u>	<u>254</u>	<u>261</u>
<u>78</u>	<u>Shale</u>	<u>28</u>	<u>106</u>	<u>22</u>	<u>Lime</u>	<u>261</u>	<u>283</u>
<u>22</u>	<u>Lime</u>	<u>106</u>	<u>128</u>	<u>4</u>	<u>Coal</u>	<u>283</u>	<u>287</u>
<u>21</u>	<u>Shale</u>	<u>128</u>	<u>149</u>	<u>13</u>	<u>Lime</u>	<u>287</u>	<u>300</u>
<u>7</u>	<u>Lime</u>	<u>149</u>	<u>156</u>	<u>149</u>	<u>Shale</u>	<u>300</u>	<u>449</u>
<u>1</u>	<u>Shale</u>	<u>156</u>	<u>157</u>	<u>7</u>	<u>Lime</u>	<u>449</u>	<u>456</u>
<u>4</u>	<u>Red Red</u>	<u>157</u>	<u>161</u>	<u>7</u>	<u>Shale</u>	<u>456</u>	<u>463</u>
<u>14</u>	<u>Lime</u>	<u>157</u>	<u>213</u>	<u>3</u>			
<u>8</u>	<u>Shale</u>	<u>213</u>	<u>221</u>	<u>11</u>	<u>Sand</u>	<u>483</u>	<u>494</u>

25	Shale	494	519	
3	Coal	519	522	
4	Shale	522	526	
7	Lime	526	533	
14	Shale	533	547	
2	Lime	547	549	
18	Black Shale	549	567	
15	Lime	567	582	
8	Shale	582	590	
3	Lime	590	593	
2	Coal	593	596	
6	Lime	596	602	
3	Lime Oil-Black Jack	602	605	Good
3	Lime Oil-Black Jack	605	608	Good
1	Lime Oil	608	609	OK
2	Shale	609	611	
4	Coal	611	615	
15	Sand	615	630	
1 st Squirrel – Dead Oil				
19	Shale	630	649	
29	Black Shale	649	678	
2	Oil Sand	678	680	Good
2 nd Squirrel				
2	Oil Sand	680	682	Broken

33	Shale	682	715	
3	Coal	715	718	
9	Sand	718	727	
<u>1st Cattleman – No Oil</u>				
12	Shale	727	739	
2	Coal	739	741	
7	Shale	741	748	
24	Shale/Sand	748	772	
1	Oil Sand	772	773	Good
3	Oil Sand	773	776	Good
2	Oil Sand	776	778	Good
3	Oil Sand	778	781	OK
3	Oil Sand	781	784	Good
3	Oil Sand	784	787	Good
3	Oil Sand	787	790	Good
3	Oil Sand	790	793	Good
3	Oil Sand	793	796	Broken
2	Shale	796	798	
3	Shale/Sand	798	801	Good
3	Oil Sand	801	804	V-Good
3	Oil Sand	804	807	V Good
3	Oil Sand	807	810	Broken
3	Oil Sand	810	813	Broken
22	Sand	813	835	

35	Shale	835	870
10	Black Shale	870	880
