



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1153855
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
-----------------------------------	-----------------	---

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: _____



1153855

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: _____ _____
--	---	---

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 15-059-26391-00-00
THOELE SOUTH BSP-TS44
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 # 15-059-26391-00-00

Operator Energex Kansas

Lease Name Thoele South

Address 2038 S. Princeton St., Ste B
Ottawa, KS 66067

Well # BSP-TS44

Contractor JTC Oil, Inc.

Spud Date 7/02/13 Cement 7/09/13

Contractor License 32834

Location _____ of _____

T.D. 800 T.D. of Pipe 787

_____ feet from _____

Surf. Pipe Size 7" Depth 20'

_____ feet from _____

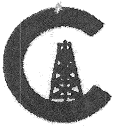
Kind of Well Production

County Franklin

Thickness	Strata	From	To	Thickness	Strata	From	To
2	Soil	0	2	20	Shale	188	208
5	Clay	2	7	8	Lime	208	216
19	Lime	7	26	5	Red Bed	216	221
3	Shale	26	29	37	Shale	221	258
3	Red Bed	29	32	15	Lime	258	273
16	Shale	32	48	9	Shale	273	282
4	Lime	48	52	29	Lime	282	311
9	Shale	52	61	9	Black Shale	311	320
32	Lime	61	93	24	Lime	320	344
74	Shale	93	167	4	Coal	344	348
21	Lime	167	188	14	Lime	348	362

149	Shale	362	511
5	Lime	511	516
12	Shale	516	528
15	Lime	528	543
6	Shale	543	549
9	Sand	549	558
28	Shale	558	586
3	Coal	586	589
5	Shale	589	594
6	Lime	594	600
13	Shale	600	613
2	Lime	613	615
13	Black Shale	615	628
14	Lime	628	642
12	Shale	642	654
4	Lime	654	658
3	Coal	658	661
7	Lime	661	668
3	Lime Oil	668	671 V-Good
3	Lime Oil	671	674 V-Good
2	Shale	674	676
6	Coal	676	682
12	Sand	682	694
21	Shale	694	715

27	Black Shale	715	742
2	Oil Sand	742	744 Good
2	Oil Sand	744	746 V-Good
2	Oil Sand	746	748 V-Good
2	Oil Sand	748	750 Broken
14	Shale	750	764
2	Coal	764	766
19	Shale	766	785
9	Sand	785	794
6	Shale	794	800



CONSOLIDATED
Oil Well Services, LLC

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

260423

TICKET NUMBER 42152
LOCATION Ottawa Ks
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7.9.13	2579	So. Thole #BSP. TS. 44	NW 29	18	21	FR

CUSTOMER			TRUCK #			
Energen Resources Inc			712	Driver	TRUCK #	DRIVER
MAILING ADDRESS			495	Har Bec		
10975 Grandview Dr			370	Kai Lar		
CITY		STATE	ZIP CODE		548	Mik Haa
Overland Park		KS	66210			

JOB TYPE Logging HOLE SIZE 6 HOLE DEPTH 800 CASING SIZE & WEIGHT 2 7/8 EUF
 CASING DEPTH 7870 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4.57 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew meeting. Establish pump rate. Mix Pump 100* Gel Flush
 mix + Pump 102 SKS 70/30 Poz Mix Cement 2% Gel 5% Salt 1/2" Pharm
 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	20 mi	MILEAGE	495	8400
5402	787	Casing footage		N/C
5407	1/2 minimum	Ten Miles	548	18400
5502C	1 1/2 hr	80 BBL Vac Truck	370	13500
1127	102 SKS	70/30 Poz Mix Cement		136120
1115B	280*	Premium Gel		6160
1111	207*	Granulated Salt		8073
110719	51*	Pharm Seal		6800
4402	1	2 1/2" Rubber Plug		2900
				7.65%
				completed
				SALES TAX
				12259
				ESTIMATED TOTAL
				321297

AUTHORIZATION 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.