

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1158746

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: _____



1158746

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 (Attach Additional Sheets)	<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
____ Perforate				
____ Protect Casing				
____ Plug Back TD				
____ 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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or ENHR.	Producing Method:
	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	_____ _____

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

September 17, 2013

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

Re: ACO1
API 15-059-26461-00-00
THOELE SOUTH BSP-TS47
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 # 15-059-26461-00-00
Operator Energex Kansas Lease Name Thoele South
Address 2038 S. Princeton St., Ste B Well # BSP-TS47
Ottawa, KS 66067
Contractor JTC Oil, Inc. Spud Date 7/05/13 Cement 7/09/13
Contractor License 32834 Location _____ of _____
T.D. 880 T.D. of Pipe 860 _____ 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	8	Shale	230	238
2	Clay	2	4	32	Lime	238	270
16	Shale	6	20	6	Black Shale	270	276
26	Lime	20	46	25	Lime	276	301
77	Shale	46	123	4	Coal	301	305
23	Lime	123	146	12	Lime	305	317
23	Shale	146	169	162	Shale	317	479
4	Lime	169	173	17	Lime	479	496
5	Red Bed	173	178	7	Shale	496	503
37	Shale	178	215	11	Sand	503	514
15	Lime	215	230	23	Shale	514	537

2	Coal	537	539
5	Shale	539	544
8	Lime	544	552
12	Shale	552	564
2	Lime	564	566
19	Black Shale	566	585
9	Lime	585	594
13	Shale	594	607
2	Lime	607	609
3	Coal	609	612
6	Lime	612	618
2	Lime Oil	618	620 OK
3	Lime Oil	620	623 OK
2	Lime Oil	623	625 Good
3	Shale	625	628
2	Coal	628	630
15	Sand	630	645
20	Shale	645	665
28	Black Shale	665	693
2	Oil Sand	693	695 Good
3	Oil Sand	695	698 V-Good
2	Oil Sand	698	700 Good
2	Oil Sand	700	702 Broken
12	Shale	702	714

2	Coal	714	716	
19	Shale	716	735	
6	Sand	735	741	
21	Shale	741	762	
24	Sand/Shale	762	786	
6	Shale	786	792	
1	Oil Sand	792	793	Good
2	Oil Sand	793	795	Good
2	Oil Sand	795	797	Good
1	Oil Sand	797	798	Good
2	Oil Sand	798	800	Good
2	Oil Sand	800	802	Good
2	Oil Sand	802	804	Good
2	Oil Sand	804	806	Good
2	Oil Sand	806	808	OK
2	Oil Sand	808	810	V-Good
2	Oil Sand	810	812	V-Good
2	Oil Sand	812	814	V-Good
2	Oil Sand	814	816	V-Good
2	Oil Sand	816	818	V-Good
3	Oil Sand	818	821	V-Good
3	Oil Sand	821	824	Good
3	Sand/Shale	824	827	OK
3	Sand/Shale	827	830	Broken

3	Sand	830	833 Broken
9	Sand	833	842
38	Shale	842	880



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

FIELD TICKET & TREATMENT REPORT

TICKET NUMBER 42154
LOCATION Ottawa KS
FOREMAN Fred Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-9-13	2579	So Thole # BSP. TS. 47	NW 29	18	21	FR

CUSTOMER

Energy Resources Inc

MAILING ADDRESS

10975 Grandview Dr

CITY	STATE	ZIP CODE
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Overland Park	KS	66210
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JOB TYPE Long string HOLE SIZE 6 HOLE DEPTH 680 CASING SIZE & WEIGHT 2 7/8 EUE

CASING DEPTH 860 DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Pls

DISPLACEMENT 5 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew meeting. Establish pump rate. - Mix + Pump 100# Gel Flush
Mix + Pump 121 SK 70/30 Por Mix Cement 2% Gel 5% Salt 1/2" Pheno
Seal/SK. Cement to surface. Flush pump + lines clean. Displace
2 1/2' Rubber plug to casing TP. Pressure to 600# PSI. Release pressure
to set float valve. Shut in casing.

STC Drilling

Fred Mader

[illegible]

Ravin 3737

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