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

Name: Address 1:	OPERATOR: License #	API No. 15
Address 2:	Name:	Spot Description:
City:	Address 1:	
Contact Person:	Address 2:	Feet from North / South Line of Section
Phone:	City: State: Zip:+	Feet from East / West Line of Section
CONTRACTOR: License #	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Name:	Phone: ()	
Name: (e.g. xxxxxx) (e.g. xxxxxx) Wellsite Geologist: Datum: NAD27 NAD83 WGS84 Purchaser: Designate Type of Completion: Lease Name: Well #: Lease Name: Well #: Designate Type of Completion: Naw Well Re-Entry Workover Well #: Lease Name: Well #: Oil WSW SWD SIGW Fremp. Abd. Field Name: Producing Formation: Elevation: Ground: Kelly Bushing: Cound: Feet OG GSW Temp. Abd. Cound: Feet Multiple Stage Cementing Collar Used? Yes No Feet If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Feet Multiple Stage Cementing Collar Used? Yes No Feet Well Name: Original Total Depth: Feet Multiple Stage Cement circulated from: feet depth to: w/ sx cmt. Original Comp. Date: Original Total Depth: Mell ansust be collected from the Reserve Pil) Chloride content: ppm Fluid Volume: bbls Dual Completion Permit #: Count. to SWD Conn. to SWD Conn. to SWD Conn. to	CONTRACTOR: License #	GPS Location: Lat:, Long:
Wellsite Geologist:	Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Purchaser:	Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Designate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: <		County:
New Well Re-Entry Workover Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. Field Name: Producing Formation: CM (Coal Bed Methane) Gathodic Other (Core, Expl., etc.); Total Vertical Depth: Plug Back Total Depth: Cathodic Other (Core, Expl., etc.); Multiple Stage Cementing Collar Used? Yes No If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Feet Operator: Well Name: Original Total Depth: Feet Original Comp. Date: Original Total Depth: Well Well Comv. to SWD Deepening Re-perf. Conv. to ENHR Conv. to Producer Dilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content: ppm ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: License #: Quarter Sec. TwpS. R East_West		Lease Name: Well #:
Producing Formation:		Field Name:
Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Temp. Abd. Cathodic Other (Core, Expl., etc.): Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes No If Workover/Re-entry: Old Well Info as follows: Operator: Well Name: Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to GSW Conv. to BNHR Dual Completion Permit #: Dual Completion Permit #: SWD Permit #: SWD Permit #: GSW Permit #: Chioride content: ppm Fluid volume: SWD Permit #: Cation of fluid disposal if hauled offsite: Operator Name: Lease Name: Lease Name: License #: Quarter Sec. Spud Date or Date Reached TD		Producing Formation:
OG GSW Temp. Abd. CM (Coal Bed Methane) Amount of Surface Pipe Set and Cemented at: Feet Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes No If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Feet Operator: Original Total Depth: feet depth to: feet depth to: Well Name: Original Total Depth: feet depth to: w/ sx cmt. Original Comp. Date: Original Total Depth: feet depth to: w/ sx cmt. Plug Back Conv. to SWD Conv. to SWD Conv. to Producer Chloride content: ppm Fluid volume: bbls Dual Completion Permit #: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: License #: Quarter Sec. TwpS. R East West		Elevation: Ground: Kelly Bushing:
OG CSW Termp. Add. CM (Coal Bed Methane) Amount of Surface Pipe Set and Cemented at: Feet Cathodic Other (Core, Expl., etc.);		Total Vertical Depth: Plug Back Total Depth:
Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes No If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Feet Operator: If Alternate II completion, cement circulated from: Feet Well Name: Original Total Depth: feet depth to: w/sx cmt. Original Comp. Date: Original Total Depth: feet depth to: w/sx cmt. Deepening Re-perf. Conv. to ENHR Conv. to SWD Drilling Fluid Management Plan Plug Back Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Chloride content: ppm Fluid volume: bbls Dual Completion Permit #: Location of fluid disposal if hauled offsite: Operator Name: SWD Permit #: Lease Name: License #: Lease Name: Lease Name: License #: Quarter Sec. Twp		
If Workover/Re-entry: Old Well Info as follows: If yes, show depth set:		
Operator:		
Well Name:	If Workover/Re-entry: Old Well Info as follows:	
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Plug Back Conv. to GSW Conv. to Producer Commingled Permit #: Chloride content: ppm Dual Completion Permit #: Devermit #: Devetering method used: Devetering method used: SWD Permit #: Doperator Name: Devetering method used: Devetering method used: GSW Permit #: Completion of fluid disposal if hauled offsite: Operator Name: Devetering method used: Spud Date or Date Reached TD Completion Date or Completion Date or Sec. Twp. S. R. East West	Operator:	If Alternate II completion, cement circulated from:
Image: Structure Image: Structure <td< td=""><td>Well Name:</td><td>feet depth to:w/sx cmt.</td></td<>	Well Name:	feet depth to:w/sx cmt.
Plug Back Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Commingled Permit #: ppm Fluid volume: bbls Dual Completion Permit #: bbls Dewatering method used: bbls SWD Permit #: bbls Dewatering method used: bbls SWD Permit #: bbls Dewatering method used: bbls GSW Permit #: bbls Dewatering method used: bbls Operator Name: Location of fluid disposal if hauled offsite: Operator Name: bbls GSW Permit #: Completion Date or Completion Date or Quarter Sec. TwpS. R East West	Original Comp. Date: Original Total Depth:	
Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: Lease Name: Lease Name: License #: Quarter Sec TwpS. R East	Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: Lease Name: Lease Name: License #: Quarter SecTwpS. REast	Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: Lease Name: Lease Name: License #: Quarter Sec	Commingled Bermit #:	Chloride content: ppm Fluid volume: bbls
SWD Permit #: Location of fluid disposal if hauled offsite: ENHR Permit #: Operator Name: GSW Permit #: Joate or Date Reached TD		Dewatering method used:
ENHR Permit #: Operator Name: GSW Permit #: Completion Date or Spud Date or Date Reached TD Completion Date or		Lagation of fluid diangeal if bould affaite:
GSW Permit #: Operator Name:		Location of huld disposal in hadred offsite.
Spud Date or Date Reached TD Completion Date or Lease Name: License #: Quarter Sec. Twp. Spid Date or Completion Date or		Operator Name:
Spud Date or Date Reached ID Completion Date or	dow	Lease Name: License #:
	Source Data Described TD Completion Data and	QuarterSec TwpS. 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:					

	Page Two	
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 Taken (Attach Additional She	eets)	Yes No		0	on (Top), Depth an		Sample		
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum		
Cores Taken Electric Log Run		Yes No Yes No							
List All E. Logs Run:									
CASING RECORD New 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 / SQL	EEZE RECORD					

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

No (If No, skip questions 2 and 3) (If No, skip question 3)

No

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			Ac	id, Fracture, Shot, Ce (Amount and Kind	ement Squeeze Record	Depth		
TUBING RECORD:	Size:	Set At:		Packer	At:	Liner Rur	n:	No	
Date of First, Resumed Pro	duction, SWD or ENH	٦.	Producing Meth	nod:	oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours	Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION	OF GAS:		Ň	IETHOD (OF COMPLE	TION:		PRODUCTION IN	TERVAL:
Vented Sold	Used on Lease		Open Hole	Perf.	Dually (Submit A		Commingled (Submit ACO-4)		
(If vented, Submit	ACO-18.)		Other (Specify)				,		

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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 R.) 4

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DRILL LOG

Operato	or License # _	3374	1	API # 15-0	<u>59-26461-00</u>	-00	
Operator <u>Enerjex Kansas</u>				Lease	Name <u>Tho</u> e	ele Sou	th
Address	Address <u>2038 S. Princeton St., Ste B</u>				# BSP-TS	47	· ·
	Ottawa, KS	66067					
Contrac	tor JTC Oil,	lnc.		Spud Date _	7/05/13 Cen	nent_7	/09/13
Contractor License 32834				Location	of		ana su
T.D. <u>8</u>	<u>80</u> T.D. of	Pipe_	860		feet	from	
Surf. Pip	be Size <u>7"</u>	_ Dept	th <u>20'</u>	#2000000000	feet	from	
Kind of Well <u>Production</u>				County	ranklin		
Thickness	s Strata	From	То	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	<u>552</u>	
	12	Shale	552	564	
	2	Lime	564	<u>566</u>	
	19	Black Shale	566	585	
	9	Lime	585	<u>594</u>	
	13	Shale	594	607	
	2	Lime	607	609	
	3	Coal	609	612	
	6	Lime	612	618	
	2	Lime Oil	618	620	OK
Barrada II, anna a dha dhagan ann ann ann an an an an an an an an a	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	<u>693</u>	
	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	<u>714</u>	

and and a second se	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
an a	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

م الم الم الم الم الم الم الم الم الم ال	3	Sand	830	833 Broken
	9	Sand	833	842
	38	Shale	842	880



260424

TICKET NUMBER 42154 LOCATION Offama KS

FOREMAN Fred Mader

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

FIELD TICKET & TREATMENT REPORT

		·	See Barn D W E Barn D W							
DATE	CUSTOMER #	WELL NAME & NUM		SECTION	TOWNSHIP	RANGE	COUNTY			
7.9.13	2579	So Thorle #BSP	, TS. 47	NW 29	18	21	FR			
CUSTOMER	0									
Ene	view Reso	surces Inc		TRUCK #	DRIVER	TRUCK #	DRIVER			
MAILING ADDRI	235			712	Fremad					
10975	5 Grandi	New Dr.		495	Hor Bor					
CITY	•	STATE ZIP CODE		370	Kei Car					
Querlan	Id Park	KS 66210		503	Dan Det					
JOB TYPE Long Sty M HOLE SIZE 6 HOLE DEPTH 600 CASING SIZE & WEIGHT 278 EUE										
CASING DEPTH	860	DRILL PIPE	_TUBING	OTHER						
SLURRY WEIGHT SLURRY VOL V			WATER gal/s	sk CEMENT LEFT in CASING 21/2"Pluc						
DISPLACEMENT 5 BBL DISPLACEMENT PSI MIX				RATE SBPM			0			
REMARKS: No ld crow meeting. Establish pump vat Mix+ Pump 100th Gel Flush										
1):x + Pump 121 Sts 70/30 Por mix Comment 2% Gel 5% Salt 1/2 Pheno										
Soal/SK. Commit to SUX-Face. Flush promotions closer, Displace										
22 Robber play to casing TD. Pressure to 600 # PSI. Rolease prosence										
to set float value. Shot in casing.										
			Ţ							

			1.		
57	Maden				
and the second	ð				****
ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT		UNIT PRICE	TOTAL
5401	.1	PUMP CHARGE	495		108500
5406		MILEAGE			NC
5402	860'	Casing Footage			NIC
5407	Minimon	Yon Miles	503		36800
55020	1%hr	80 BBL Nac Truck	370		/3500
1127	121 sks	70/30 Por Mix Coment			1615-35
11180	313#	Premium Gel			6 8 54
[11]	245#	Granulated Salt			95-35
11074	61#	Pheno Soal			8235
4402	<u> </u>	Pheno Soal 21/2" Rubber Pluz			2950
		U			
	#1011111111111111111111111111111111111		and the second sec	an di sana ay na saya saya saya saya saya say	(*************************************
					4
			- 1 - A	1	51
Ravin 3737			7.65%	SALES TAX	1442
	11 5			TOTAL	362432
AUTHORIZTION	MA	TITLE	and a subscription of	DATE	keenen sailisinen 7

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