Confidentiality Requested: Yes No

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

1159144

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

			U	
WELL HI	STORY - I	DESCRIPT	VELL &	LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	S. R East West
Address 2:	Feet from D North / D South Line of Section
City: State: Zip:	+ Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	
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 Workov	ver Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD ☐ □ Gas □ D&A □ ENHR □	SIGW Elevation: Ground: Kelly Bushing:
	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.):	
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	
Well Name:	
Original Comp. Date: Original Total Depth: _	
Deepening Re-perf. Conv. to ENHR C	
Plug Back Conv. to GSW C	
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	
Dual Completion Permit #:	
SWD Permit #:	
ENHR Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
	Quarter Sec TwpS. R East West
	on Date or 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 Approved by: Date:					

	Page Two	1159144			
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	n (Top), Depth and	d Datum	Sample
Samples Sent to Geo		Yes No	Nam	Э		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 Off Zone							
Did you perform a hydra	ulic fracturing treatment of	on this well?		Yes	No (If No, skip	questions 2 an	nd 3)
Does the volume of the t	oes the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,0				No (If No, skip	question 3)	
Was the hydraulic fracture	ring treatment information	n submitted to the chemical o	lisclosure registry?	Yes	No (If No, fill o	out Page Three o	of the ACO-1)
	PERFORATIO	ON RECORD - Bridge Plug	s Set/Type	Acid Fra	ture Shot Cement	Squeeze Becord	4

Shots Per Foot	hots Per Foot Specify Footage of Each Interval Perforated						(Amount and King	l of Material Used)	Depth	
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner F		No	
Date of First, Resumed	Producti	ion, SWD or ENHF	} .	Producing Meth	od: Pump	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas I	Иcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI		as.		M	ETHOD (OF COMPLE	TION		PRODUCTION INTER	RVAL ·
				Perf.	Un Convin LL	Comp.	Commingled (Submit ACO-4)			
(If vented, Su	bmit ACO	0-18.)		Other (Specify)		(Subinit P	, , , ,			

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 20, 2013

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

Re: ACO1 API 15-059-26378-00-00 THOELE SOUTH BSI-TS29 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 6 2



DRILL LOG

4 sx

Operator License # <u>33741</u>				API # _15-059-26378-00-00				
Opera	ator <u>Eneriex</u>	Kansas	M.B., N. W.A.,	Leas	se Name <u>Th</u>	oele S	outh	
Addre	ess <u>2038 S. P</u>	rinceton	St., Ste B	Wel	I #B\$I-7	<u>\$29</u>		
	Ottawa, I	<u>KS 6606</u>	7			:		
Contr	actor JTC Oil	, Inc.		Spud Date	<u>7/16/13</u> Ce	ement <u>:</u>	7/24/13	
Contr	actor License	3283	4	Location _	of		The Old Decomplement Special States	
T.D{	<u>800</u> T.D. of	Pipe	792		fee			
Surf. Pipe Size Depth feet from								
Kind of Well <u>Injector</u> County <u>Franklin</u>								
Thickn	ess Strata	From	То	Thickness	Strata	From	<u></u> <u>To</u>	
2	Soil	0	2	23	Shale	187	210	
4	Clay	2	6	4	Lime	210	214	
18	Lime	6	24	2	Shale	214	216	
5	Shale	24	29	3	Red Bed	216	219	
2	Red Bed	29	31	37	Shale	219		
23	Shale	31	54	16	Lime	256		
1	Lime	54	55	6	Shale	272		
4	Shale	55	59	32	Lime		310	
30	Lime	59	89	8	Black Shale	310	318	
75	Shale	89	164	24	Lime	318	342	
23	Lime	164	187	5	Coal	342	347	

	•	:	
12	Lime	347	359
167	Shale	359	526
15	Lime	526	541
8	Shale	<u>541</u>	549
11	Sand	<u>549</u>	560
 21	Shale	560	
3	Coal	1	584
 4	Shale	584	
5	Lime	588	-
14	Shale	593	607
2	Lime	607	609
14	Black Shale		623
15	Lime	623	638
13	Shale	638	651
2	Lime	651	653
5	Coal	653	658
4	Lime	658	662
 2	Lime Oil	662	664 OK
3	Lime Oil	664	<u>667 OK</u>
3	Lime Oil	667	<u>_670 OK</u>
2	Shale	670	672
 5	Coal	672	677
12	Sand	677	689
15	Shale	689	704

ă R

34	Black Shale	704	738
2	Oil Sand	738	740 Good
3	Oll Sand	740	743 V-Good
 2	Oil Sand	743	745 OK
2	Oil Sand	745	747 Good
4	Sandy	747	751
29	Shale	751	780
8 12	Sand	780	<u> 788</u>
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TICKET	NUMBER_	4222	200,45
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ESTIMATED TOTAL

DATE

3

10

RS

LOCATION Oftawa FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720

FIELD TICKET & TREATMENT REPORT

620-431-9210	or 800-467-8676	i		CEMEN	Т			
DATE	CUSTOMER #	WEL	L NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
7-24-13	2579	So. The	sele #BSI	-TS 29	NW 29	18	21	FR
CUSTOMER	· 0		mange				here with the second	
MAILING ADDRI	rjep Re:	Saurces	Luc		TRUCK #	DRIVER	TRUCK #	DRIVER
	-				712	Fre Madu		
10973 CITY	Grandy	STATE	1700 00005		495	Kii Car		
		r -	ZIP CODE		368	Der Mas		
Overlan		Kis	66210		548	mik Hag		
JOB TYPE Los	The second secon	HOLE SIZE	b	HOLE DEPTH	600	CASING SIZE & V	VEIGHT 27/8	EVE
CASING DEPTH		DRILL PIPE		TUBING		New York Contractor Contractor and the Contractor of the Contracto	OTHER	
SLURRY WEIGH		SLURRY VOL_		WATER gal/s	k	CEMENT LEFT in	CASING 21/2	Plug
DISPLACEMENT	1			MIX PSI		RATE <u>5BPN</u>	1	0
REMARKS: /	old crew	meeting.	Establis	h pump	rate. n	1.x + Pump	100th Gel H	Juch
Mix+	Uma 102	5K5 71	130 Por1	Mix M.	ement 2°	7 (.0 5%	CIXXXX)/
<u>Soch</u>	Isk. ("an	rent to	Surface	. Flus	houman	+ 1 hres cla	au, D'e,	1/200
25"	Rubber pl	ug te ca.	SNX TO)	Pressu,	re to go	ON PSI. N.	o le + Ma	Mace
Press	ure for	0 30 m	n. MIT.	Rolea	se Dras	sure to s	at floot	Value
'Shu	tin Cas	Ma			/		21 / 1044	
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7		0				Frances	-una	
ACCOUNT CODE	QUANITY	or UNITS	DES	SCRIPTION of	SERVICES or PR	RODUCT	UNIT PRICE	TOTAL
5401		_/	PUMP CHARGE			495		108500
5406	1		MILEAGE					NIC
5402		792	Casing 4	Goo Lage				NIC
5407	12minin	vm	Ton V	. /		548		18400
5592C	1	2			Truck			13509
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1118B		62#		Im Gel	K CONCOM			-1375 05
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,4402	C	202	Pheno	Scal	/1			70 20
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			1				SALESTAV	122 81

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AUTHORIZTION

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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.

TITLE