

Confidentiality Requested:

Yes No

### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1159221

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R 🗌 East 🗌 West
Address 2:	Feet from
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
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:	Producing Formation:  Elevation: Ground: Kelly Bushing: Feet  Total Vertical Depth: Plug Back Total Depth: Feet  Multiple Stage Cementing Collar Used? Yes No  If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name: Original Total Depth: Original Total Depth:	feet depth to: w/ sx cmt.  Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled         Permit #:           Dual Completion         Permit #:	Chloride content: ppm Fluid volume: bbls  Dewatering method used:
☐ SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	Quarter Sec.         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 Approved by: Date:						



Page Two Operator Name: Lease Name: \_ \_ Well #: \_ 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** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No Yes
 Yes
 ■
 Yes
 ■
 Yes
 ■
 Nes
 Nes Cores Taken Electric Log Run \_\_\_ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom 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) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) 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)

Water

Bbls.

Gas-Oil Ratio

Gravity

**Estimated Production** 

Per 24 Hours

Oil

Bbls

Gas

Mcf

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/

Sam Brownback, Governor

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner

September 20, 2013

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

Re: ACO1 API 15-059-26459-00-00 Thoele South BSI-TS30 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



Operati	n riceuze # "			API# 12-0	59-26459-00	-00		
Operator <u>Eneriex Kansas</u>			Lease NameThoele South					
Address 2038 S. Princeton St., Ste B			Well #BSI-TS30					
Ottawa, KS 66067							e e	
Contrac	tor JTC Oil,	Inc.		Spud Date	7/01/13 Ce	:ment_	7/05/13	
Contrac	tor License	32834	1	Location of				
T.D. <u>780</u> T.D. of Pipe <u>761</u>				Allekskonnen	feet	from_		
Surf. Pipe Size Depth feet from								
Kind of	Well <u>Inje</u>	ctor	BANGS NO MONTH OF THE TOTAL CONTROL OF THE TOTAL CO	County Fra	anklin			
Thicknes:	Strata	From	То	Thickness	Strata	From	То	
2	Lime Soil	0	2	16	Lime	246	262	
14	Lime	2	16	7	Shale	262	269	
34	Shale	16	50	33	Lime	269	302	
29	Lime	50	79	8	Black Shale	302	310	
76	Shale	79	155	22	Lime	310	332	
23	Lime	<u>155</u>	178	4	Coal	332	336	
20	Shale	178	198	13	Lime	336	349	
6	Lime	198	204	149	Shale	349	498	
5	Shale	204	209	4	Lime	498	502	
5	Red Bed	209	214	12	Shale	502	<u>514</u>	
32	Shale	214	246	17	Lime	514	531	

	5	Shale	531 536
	9	Sand	536 545
	27	Shale	545 572
	3	Coal	572 5 <del>7</del> 5
	1	Shale	575 576
	6	Lime	576 582
	13	Shale	<u>582 595</u>
	2	Lime	595 597
	11	Nach Chala	<u> </u>
	14	Lime	611 625
	17	Shale	625 642
	1	Lime	642 643
	2	Coal	643 645
	4	Lime	645 649
	2	Lime Oil	649 651 OK
	3	Lime Oil	651 654 Good
	3	Lime Oil	654 657 Good
	2	Shale	657 659
	4	Coal	659 663
	13	Sand	663 676
	22	Shale	676 698
	27	Black Shale	698_725
	1	Oil Sand	725 726 Good
The state of the s	2	Oil Sand	726 728 V-Good

2	Oil Sand	728	730 V-Good
2	Oil Sand	730	732 Broken
16	Shale	732	748
2	Coal	748	750
7	Shale	750	757
1	Lime	757	758
9	Shale	758	767
28	Sand	767	795
5	Shale	795	780

•



260292

ticket number 42101 LOCATION Alan Mader FOREMAN Ottawa

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

# FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WELL	NAME & NUME	3ER	SECTION	TOWNSHIP	RANGE	COUNTY
7-5-13	2579	Thoele	BSI	TS-30	NW 20		21	FR
CUSTOMER	er koc				The state of the s	ar gran snapens		1/4
MAILING ADDRE	ESS / DESK	ACCRS			TRUCK#	DRIVER	TRUCK #	DRIVER
10975	Carant	ر ما الم	20		3/6	Alc. Mas	4	
CITY	or and	STATE	ZIP CODE		135	My May	7	
Overland	2 Park	155	16210		548	Be ver		
		HOLE SIZE		I HOLE DEPTH	the state of the s	DE: CGL		(3)
CASING DEPTH	7	DRILL PIPE	<del>-</del>	TUBING	100	CASING SIZE & \	***************************************	18
SLURRY WEIGH		SLURRY VOL_		WATER gal/s	k	CEMENT FET I	OTHER	
DISPLACEMENT		DISPLACEMENT	A	MIX PSI 2	***************************************	RATE 4	CASING	23
REMARKS: HO	1. 0	0 Cas	and the second	(5+96)	l l A	ate. M	i va a a d	And the second s
QuMDE	2 1000	981	Fall su	ed. I	2. 100	187 70	120 C	
blus	270 00	Y 570	Salt !	12 13 06	1enose	1 100		ement
Giren	10tol	CPM	917.	Flan		Dea mass	5 Gak	
OUS	to cas	ine To	2 W	- /		DO DET	19000	
mina	te, My	7 3	p. J - I'	ant.	(105	2-1-101	JP,	
		and the second second	Aughten mains and a second frances and an			<u>a 091</u>	261	1
				TO A STATE OF THE PARTY OF THE			11.0	2
						1 lan	Mal	
						1 Min		
ACCOUNT	QUANITY o	or UNITS	DES	SCRIPTION of	SERVICES or PR	RODUCT	UNIT PRICE	TOTAL
540/	1						ONIT PRICE	TOTAL
2010		******************************	PUMP CHARGE			368		1085
5700	-/		MILEAGE	./		348		
THOS	160		-Cas. 4	<del>y , p</del>	porage	368		
3101	72	Min	400 U	ni/eg_		548		184.00
330 al	<u> </u>	***************************************	80 (	2016		675	Ver V	180,00
			STATE OF THE STATE					Ar Caramana and Arabana and Ar
			0 = / 2					
1122	108		7013	O CE	ment			1441.80
1118.13	2903	7	98/					63.80
1/11	219	<i>y</i> *	Salt	•				85.41
11074	54	4	Pher	10500				72.90
4400			3/2	Plus				2950
			- 0.0					
		. 2020			20000000000000000000000000000000000000			
						12		
							स्त्री कार्रा	notor :
	Allen		THE THE COLUMN TO THE COLUMN T		2002		<u> </u>	Plotol
						1		
	Λ.	Δ.					SALES TAX	129.55
Ravin 3737	//	W/1					ESTIMATED TOTAL	327191
AUTHODITTO	-12m	DAMIL		TITLE			DATE	Je 11.
<b>AUTHORIZTION</b>	1////	WUJU -	Commence of the Commence of th	IIILE		and the later of t	UAIE	

l 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.