Kansas Corporation Commission Confidentiality Requested: OIL & GAS CONSERVATION DIVISION Yes No

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:			SecTwp S. R	West
Address 2:			Feet from North / South Line of S	Section
City: Sta	ate: Zi	p:+	Feet from	ection
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:	
	_		Producing Formation:	
☐ Oil ☐ WSW ☐ D&A	☐ SWD	□ SIOW □ SIGW	Elevation: Ground: Kelly Bushing:	
☐ Gas ☐ DaA	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:	
CM (Coal Bed Methane)	dow	remp. Abd.	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		_	If yes, show depth set:	_ Feet
Operator:			If Alternate II completion, cement circulated from:	
Well Name:			feet depth to:w/	sx cmt.
Original Comp. Date:			· ·	
Deepening Re-perf.	Conv. to El	NHR Conv. to SWD	Drilling Fluid Management Plan	
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)	
Commingled	Pormit #:		Chloride content:ppm Fluid volume:	_ bbls
Dual Completion			Dewatering method used:	
SWD			Location of fluid disposal if hauled offsite:	
☐ ENHR	Permit #:			
GSW	Permit #:		Operator Name:	
			Lease Name: License #:	
Spud Date or Date Read	ched TD	Completion Date or	Quarter Sec TwpS. R East	West
Recompletion Date Recompletion Date		Recompletion Date	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:

Operator Name:				_ Lease N	lame: _			Well #:				
Sec Twp	S. R	East	West	County:								
INSTRUCTIONS: Show open and closed, flowing and flow rates if gas to s	g and shut-in pressu	res, whet	her shut-in pre	ssure reacl	ned stati	c level, hydrosta	tic pressures, bot					
Final Radioactivity Log, files must be submitted						gs must be ema	iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log			
Drill Stem Tests Taken (Attach Additional Sh	eets)	Ye	s No				n (Top), Depth ar		Sample			
Samples Sent to Geolog	gical Survey	Ye	s No		Nam	е		Тор	Datum			
Cores Taken Electric Log Run		☐ Ye ☐ Ye										
List All E. Logs Run:												
		Repor	CASING tall strings set-c		Ne	w Used	on, etc.					
Purpose of String	Size Hole Drilled	Size	e Casing (In O.D.)	Weig Lbs. /	ıht	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives			
			ADDITIONAL	OFMENITIN	10 / 001							
Purpose:	Depth			# Sacks		EEZE RECORD	T	A 1.22				
Perforate Protect Casing Plug Back TD	Perforate Top Bottom Top Bottom Top Bottom					Type and Percent Additives						
Plug Off Zone												
Did you perform a hydraulic Does the volume of the tota Was the hydraulic fracturing	al base fluid of the hydra	ulic fractu				Yes ?Yes Yes	No (If No, ski	ip questions 2 ardip question 3) out Page Three				
Shots Per Foot			D - Bridge Plugs ach Interval Perf				cture, Shot, Cement mount and Kind of Ma		d Depth			
TUBING RECORD:	Size:	Set At:		Packer At	:	Liner Run:	Yes No					
Date of First, Resumed Pr	oduction, SWD or ENH	R.	Producing Meth	od: Pumpin	g 🗌	Gas Lift C	other (Explain)					
Estimated Production Per 24 Hours	Oil Bł	ols.	Gas	Mcf	Wate	er Bl	ols. (	Gas-Oil Ratio	Gravity			
DISPOSITION	I OF GAS:		N	IETHOD OF	COMPLE	ETION:		PRODUCTIO	ON INTERVAL:			
Vented Sold	Used on Lease		pen Hole	Perf.	Dually	Comp. Con	nmingled					
(If vented, Subm	it ACO-18.)		ther (Specify)		(Submit )	400-5) (Subi	mit ACO-4)					



260346

	42133
LOCATION OHama	.KS
FOREMAN Case, Ke	inedia

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

FIELD TICKET & TREATMENT REPORT

120-431-3210 (	or auu-40/-00/0			CEMEN	1			
DATE	CUSTOMER#		NAME & NUME		SECTION	TOWNSHIP	RANGE	COUNTY
7/8/13	2579	Thocke	South #	BS1-TS34	NW 29	18	21	FR
CUSTOMER	·	55 (C)						reignater e
MAILING ADDRE	rjex Resou	ACR S			TRUCK#	DRIVER	TRUCK#	DRIVER
		. 1			481	Casken		
109 45	Grandu	iew Dr	ZIP CODE		Lelols	Garloo		
	and the same of				548	WikHaa		
Overlano			66210		370	Kei Car		
	existing	HOLE SIZE	7/2"	HOLE DEPTH	8021	CASING SIZE & W	EIGHT 27	s"GUG
CASING DEPTH	791	DRILL PIPE		_TUBING	- commence of the control of the con		OTHER	
SLURRY WEIGH		SLURRY VOL	and the state of t	WATER gal/s	k	CEMENT LEFT in	*200000	
DISPLACEMENT	T4.586615		. 4.	MIX PSI		RATE 4.5 h	M.	
REMARKS: Le	eld safely "	vectino es	tablished	circulat	ion mixed	Hoursel ?	300# Preu	nium Gol
followed &	10 665	tresh wat	ec. mis	ed tou	used 105	des 40/30 F	ETHILL CE	neut
W/270 GR	1 5% salt	ナンサア	henoseal	per sk	coment	to surface	Aushed or	smo clean
244.00		r dua to			4.58 bbs	/)	-, pressure	4 1 1
Fro PSI	well halo	d pressure	for 30	min lu			short in a	casine.
				- Control of the Cont	7	1	-	
		And the Control of th				^		
Carrie Marine Control of Administration of the Control of the Cont			A CONTRACTOR OF THE PROPERTY O		ONE AND THE STATE OF THE STATE		11)	Phonon (1884) and the Phillips of the Control of th
							-1/5	
Company of the Compan							// /	
ACCOUNT CODE	QUANITY	or UNITS	DE	SCRIPTION of	SERVICES or PF	RODUCT	UNIT PRICE	TOTAL
5401	1		PUMP CHARG	SE .				1085.00
5406	on le	2652	MILEAGE					-
5402	791		casing	footage				
5467	1/2 243	mimom		ileage				184.00
- Committee of the Comm	Name and Address of the Owner, where the Party of the Owner, where the Owner, which is the Owner, where the Owner, where the Owner, where the Owner, where the Owner, which is the Owner, where the Owner, where the Owner, which is the Owner, wh	hrs	80 Va					135.00
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4157	145	alec	70/ 0	2	24. 22 +			1112175
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1118B	485	#	- 4	on Gel				106.70
/111	231	#	Salt					90.09
1107A	53	廿	Phenose	<u>r.l.</u>				71.55
4402	1		2/3"1	lober plu	9			29.50
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				equipment of the second se			Lanmal	
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And the second s					A	7-15%	SALES TAX	130.01
Ravin 3737	euro en Alexandro en Carlo de de Carlo Car						ESTIMATED	3233.60
	11. 0 8	Sea. ou local	L .	TITI #			TOTAL	

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.

# McGown Drilling, Inc. Mound City, Kansas

### Operator:

Enerjex Kansas, Inc. Overland Park, KS

# Thoele South BSI-TS 34

Franklin Co, KS 29-18S-21E API # 059-26386

Spud Date: Surface Casing: Surface Length: Surface Cement: 6/21/2013 20.0' 4 SX 7" Longstring Date: Longstring: Drill Bit: Surface Bit: 6/26/2013 5.875" 9.875" 791.45

## Driller's Log

802	755	747	676	673	658	650	641	640	588	547	373	266	223	218	<u>~</u>	7	99	66	သ	ಎ	4	N	0	Тор
7	802	755	747	676	673	658 8	650	641	640	588	547	373	266	223	218	2	7	99	66	33	<u>~</u>	4	2	Bottom
	Shale	Sand	Shale	Lime	Shale	Lime	Shale	Coal	Shale	Lime	Shale	Lime	Shale	Lime	Shale	Lime	Shale	Lime	Shale	I me	Clay	T. Be	So	Formation
		Good odor, fair to good bleed																						Comments

#### **Summary of Changes**

Lease Name and Number: THOELE SOUTH BSP-TS51

API/Permit #: 15-059-26386-00-00

Doc ID: 1161220

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	10/01/2013	10/03/2013
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11	//kcc/detail/operatorE ditDetail.cfm?docID=11
Well Number	60875 BSI-TS34	61220 BSP-TS51

#### **Summary of Attachments**

Lease Name and Number: THOELE SOUTH BSP-TS51

API: 15-059-26386-00-00

Doc ID: 1161220

Correction Number: 2

**Attachment Name** 

**Cement Ticket** 

Drill Log

#### 

Kansas Corporation Commission CONFIDENTIAL OIL & GAS CONSERVATION DIVISION

Form ACO-1 June 2009 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
Address 2:	Feet from North / South Line of Sectio
City: State: Zip:+	Feet from
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
☐ New Well ☐ Re-Entry ☐ Workover	Total Depth: Plug Back Total Depth:
Oil         WSW         SWD         SIOW           Gas         D&A         ENHR         SIGW           OG         GSW         Temp. Abd.           CM (Coal Bed Methane)         Cathodic         Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Fee  Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	feet depth to:w/sx cm
Operator:	Drilling Fluid Management Plan
Well Name:	(Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:  Deepening Re-perf. Conv. to ENHR Conv. to SWD  Conv. to GSW	Chloride content: ppm Fluid volume: bbl Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec TwpS. R East
☐ ENHR         Permit #:           ☐ GSW         Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or	

#### **AFFIDAVIT**

Recompletion Date

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

Recompletion Date

KCC Office Use ONLY
Letter of Confidentiality Received
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II III Approved by: Date:



### CONFIDENTIAL KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM

1159224

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
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Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
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■ ENHR       Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date  Recompletion Date	

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