



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1209099
OIL & GAS CONSERVATION DIVISION

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
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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: _____

1209099

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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)*

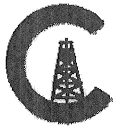
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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)* _____

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

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

268257

TICKET NUMBER 47171

LOCATION Atlanta, KS

FOREMAN Casey Kennedy

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

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/19/14	2579	Thede South #BSPTS-52 NW 29		18	21	FR

CUSTOMER: Energex Resources Inc.
MAILING ADDRESS: 10975 Grandview Dr
CITY: Overland Park STATE: KS ZIP CODE: 66210

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Casey	✓	Safety Meeting
666	Gar Moo	✓	
503	Kei Car	✓	
370	Jas Ric	✓	

JOB TYPE log string HOLE SIZE 5 7/8" HOLE DEPTH 740' CASING SIZE & WEIGHT 2 7/8" EUE
CASING DEPTH 725' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 4.20 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 105' sks 79.50 Pozmix cement w/ 2% gel, 5% salt, & 1/2 # Phenoseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 4.20 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

Casey Kennedy

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00 ✓
5406	20 mi	MILEAGE		84.00 ✓
5402	725'	casing footage		
5407	minimum	ten mileage		368.00 ✓
5502C	2 hrs	80 Vac		200.00 ✓
1127	105 sks	79.50 Pozmix cement	1401.75	✓
118B	385 #	Premium Gel	84.70	✓
1111	231 #	Salt	90.09	✓
1107A	53 #	Phenoseal	71.55	✓
		materials	11648.09	✓
		-30%	-494.43	✓
		subtotal		1153.66 ✓
4402	1	2 1/2" rubber plug		29.50 ✓
		<input checked="" type="checkbox"/> completed	3542.92	
		SALES TAX 7.65%		90.51 ✓
		ESTIMATED TOTAL		3010.67 ✓

Ravin 3737

AUTHORIZATION Jay Stahl (Energex) 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.

Operator License # 33741
 Operator Enerjex Kansas
 Address 2038 S. Princeton St., Ste B
 City Ottawa, KS 66067
 Contractor JTC Oil, Inc.
 Contractor License # 32834
 T.D. 740
 T.D. of pipe 725
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Production

API # 15-059-26616-00-00
 Lease Name Thoele South
 Well # BSP-TS52
 Spud Date 5/15/2014
 Cement Date
 Location Sec 29 T 18 R 21
 175 feet from N line
 165 feet from W line
 County Franklin

Driller's Log

Thickness	Strata	From	To	
12	shale	0	12	
30	lime	12	42	
78	shale	42	120	
17	lime	120	137	
26	sandy shale	137	163	
7	lime	163	170	
40	shale	170	210	
16	lime	210	226	
7	shale	226	233	
34	lime	233	267	
5	black shale	267	272	
24	lime	272	296	
3	shale	296	299	
14	lime	299	313	
149	shale	313	462	
13	shale mix	462	475	
17	lime	475	492	
48	shale	492	540	
11	lime	540	551	
9	shale	551	560	
3	lime	560	563	
19	shale	563	582	
10	lime	582	592	
13	shale	592	605	
10	lime mix	605	615	
3	lime oil	615	618	
3	lime oil	618	621	
6	lime oil	621	627	
11	sandy shale	627	638	
52	shale	638	690	
1	top sand	690	691	little
2	top sand	691	693	little
2	top sand	693	695	ok
2	top sand	695	697	little

2	top sand	697	699	tiny
18	shale	699	717	
1	lime	717	718	
22	shale	718	740	