



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1219911
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: _____

1219911

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 47428

LOCATION Chanute, KS

FOREMAN Cory Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/23/14	2579	Trade South #BSITS-36	NW 29	18	21	FR
CUSTOMER		MAILING ADDRESS		CITY	STATE	ZIP CODE
Enerjax		10975 Grandview Dr		Overland Park	KS	66210
TRUCK #	DRIVER	TRUCK #	DRIVER			
729	Caskan	✓	Safety Meeting			
666	Keifar	✓				
558	Bru Bir	✓				
370	Mat Coc	✓				

JOB TYPE logstring HOLE SIZE 6" HOLE DEPTH 780' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 757' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 4.38 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 46pm

REMARKS: held safety meeting, established circulation, mixed + pumped 800 # Premium Gel followed by 10 bbls fresh water, mixed + pumped 5/8 cts 70% Pozumix cement w/ 2% gel, 5% salt, + 1/2 # Phenoseal per ft, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing ID w/ 4.38 bbls fresh water, pressured to 800 psi, well held pressure for 30 min MIT, released pressure, shut in casing.

BR

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	757'	Casing footage		
5407	1/2 minimum	tax mileage		184.00
5502C	1 hr	80 Vac		201.00
1127	96 cts	70% Pozumix cement	13.35	1281.60
118B	369 #	Premium Gel	81.18	
1111	211 #	Salt	82.29	
1107A	48 #	Phenoseal	64.80	
		materials -30%	1509.87	
		2% total	452.96	
41402	1	2 1/2" rubber plug		1056.91
				29.50
		SCANNED	3110.13	
			7.65%	83.11
			ESTIMATED TOTAL	2622.52

Ravin 3737

AUTHORIZATION [Signature]

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	API #	15-059-26746-00-00		
Operator	Energex Kansas	Lease Name	Thoele South		
Address	2038 S. Princeton St., Ste B	Well #	BSI-TS36		
City	Ottawa, KS 66067	Spud Date	7/17/2014		
Contractor	JTC Oil, Inc.	Cement Date			
Contractor License #	32834	Location	Sec 29	T 18	R 21
T.D.	780		624 feet from	N	line
T.D. of pipe	757		363 feet from	W	line
Surface pipe size	7"	County	Franklin		
Surface pipe depth	20'				
Well Type	Injection				

Driller's Log

Thickness	Strata	From	To	
9	lime	0	9	
34	shale	9	43	
28	lime	43	71	
78	shale	71	149	
22	lime	149	171	
24	shale	171	195	
3	lime	195	198	
43	shale	198	241	
14	lime	241	255	
9	shale	255	264	
30	lime	264	294	
7	black shale	294	301	
25	lime	301	326	
4	coal	326	330	
13	lime	330	343	
163	shale	343	506	
16	lime	506	522	
50	shale	522	572	
7	lime	572	579	
11	shale	579	590	
2	lime	590	592	
20	black shale	592	612	
12	lime	612	624	
10	shale	624	634	
2	lime	634	636	
4	coal	636	640	
9	lime	640	649	
3	lime oil	649	652	
3	coal	652	655	
13	sand	655	668	
50	shale	668	718	
2	oil sand	718	720	good
2	oil sand	720	722	v-good
2	oil sand	722	724	v-good

2	sandy	724	726	little oil
4	sandy shale	726	730	
50	shale	730	780	