



KANSAS CORPORATION COMMISSION

1094212

Form ACO-1

June 2009

CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM**WELL HISTORY - DESCRIPTION OF WELL & LEASE**Form Must Be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 33741
 Name: Energex Kansas, Inc.
 Address 1: 2038 S. PRINCETON ST., STE B
 Address 2: _____
 City: OTTAWA State: KS Zip: 66067 + _____
 Contact Person: Marcia Littell
 Phone: (785) 241-2228
 CONTRACTOR: License # 32834
 Name: JTC Oil, Inc.
 Wellsite Geologist: NA
 Purchaser: Coffeyville Resources

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
☐ Conv. to GSW
☐ Plug Back: _____ Plug Back Total Depth: _____
☐ Commingled Permit #: _____
☐ Dual Completion Permit #: _____
☐ SWD Permit #: _____
☐ ENHR Permit #: _____
☐ GSW Permit #: _____

07/31/2012	08/01/2012	09/03/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-26110-00-00
 Spot Description: _____
NE SE SE NW Sec. 29 Twp. 18 S. R. 21 ☒ East ☐ West
3209 Feet from ☐ North / ☒ South Line of Section
2830 Feet from ☒ East / ☐ West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☒ SE ☐ SW
 County: Franklin
 Lease Name: Thoele South Well #: BSP-TS13
 Field Name: Unnamed
 Producing Formation: Squirrel
 Elevation: Ground: 984 Kelly Bushing: 0
 Total Depth: 780 Plug Back Total Depth: 748
 Amount of Surface Pipe Set and Cemented at: 20 Feet
 Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
 If yes, show depth set: _____ Feet
 If Alternate II completion, cement circulated from: 748
 feet depth to: 0 w/ 100 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls
 Dewatering method used: Evaporated

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

☒ Letter of Confidentiality Received
 Date: 09/20/2012
☐ Confidential Release Date: _____
☒ Wireline Log Received
☐ Geologist Report Received
☐ UIC Distribution
 ALT ☐ I ☒ II ☐ III Approved by: NAOMI JAMES Date: 09/20/2012