



KANSAS CORPORATION COMMISSION 1100406  
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 # 33741  
Name: Energex Kansas, Inc.  
Address 1: 2038 S. PRINCETON ST., STE B  
Address 2: \_\_\_\_\_  
City: OTTAWA State: KS Zip: 66067 + \_\_\_\_\_  
Contact Person: Brandye Bordelon  
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 #: \_\_\_\_\_  
7/21/2012    7/23/2012    7/26/2012  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-059-26178-00-00  
Spot Description: \_\_\_\_\_  
SE NW NW NW Sec. 29 Twp. 18 S. R. 21  East  West  
4628 Feet from  North /  South Line of Section  
4820 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-TS22  
Field Name: \_\_\_\_\_  
Producing Formation: SQUIRREL  
Elevation: Ground: 1008 Kelly Bushing: 0  
Total Depth: 820 Plug Back Total Depth: 795  
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: 20  
feet depth to: 0 w/ 107 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: \_\_\_\_\_  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: Deanna Garrison Date: 11/13/2012



1100406

Operator Name: Energex Kansas, Inc. Lease Name: Thoele South Well #: BSP-TS22  
 Sec. 29 Twp. 18 S. R. 21  East  West County: Franklin

**INSTRUCTIONS:** Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:  GAMMA RAY NEUTRON	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum NA
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CASING RECORD <input checked="" 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
SURFACE	9.875	7.00	23.0	20	PORTLAND	3	
PRODUCTION	5.625	2.875	5.8	793	70/30 PORMIX	107	2% GEL 5% SALT 1/2# PHENOSEAL

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
____ Perforate				
____ Protect Casing	-			
____ Plug Back TD	-			
____ Plug Off Zone	-			

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
3	16 PERFS 649.5-654.5	BLEND 200 GAL RAW HCL ACID OTF	649.5-654.5
3	13 PERFS 723-727	BLEND 200 GAL RAW HCL ACID OTF	723-727

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> 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 checked="" 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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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## DRILL LOG

Operator License# 33741	API # 15-059-26178-00-00
Operator Enerjex Kansas	Lease Name Thoele South
Address 27 Corporate Woods, #350	Well # BSP TS 22
Phone 913-754-7754	Spud Date 7/21/12 Cement 7/24/12
Contractor License # 32834	Contractor JTC Oil, Inc.
T.D. 820 T.D. of Pipe 793	3 sacks cement
Surf. Pipe Size 7" Depth 20ft	County Franklin

Thickness	Strata	From	To	Thickness	Strata	From	To
3	lime	0	3	2	shale	200	202
3	lime	3	6	3	red bed	202	205
2	clay	6	8	37	shale	205	242
4	lime	8	12	53	lime	242	295
20	shale	12	32	10	black shale	295	305
2	lime	32	34	25	lime	305	330
11	shale	34	45	3	coal	330	333
27	lime	45	72	13	lime	333	346
78	shale	72	150	39	shale	346	385
20	lime	150	170	9	sand	385	394
4	lime/shale	170	174	117	shale	394	511
21	shale	174	195	15	lime	511	526

BSP TS 22

Thickness	Strata	From	To	Thickness	Strata	From	To
5	lime	195	200	5	shale	526	531
			7		sand	531	538
			29		shale	538	567
			1		coal	567	568
			6		shale	568	574
			4		lime	574	578
			14		shale	578	592
			3		lime	592	595
			19		black shale	595	614
			12		lime	614	626
			17		shale	626	643
			5		lime	643	648
			2		lime oil	648	650good
			2		lime oil	650	652good
			2		lime oil	652-654	vgood
			1		lime oil	654-655	vgood
			1		shale	655-656	
			2		coal	656-658	
			18		sand	658-676	
			40		shale	676-716	

BSP 1522

5	black shale	716-721
2	shale	721-723
2	sand oil	723-725 good
2	sand oil	725-727 v good
2	sand oil	727-729 good
2	shale sand	729-731
89	shale	731-820 end



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 37483  
LOCATION Ottawa KS  
FOREMAN Fred Maden

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																				
7/24/12	2579	Thales #BSP-3S22	29	18	21	FR																				
CUSTOMER Energen Resources Inc		<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>506</td> <td>Fred Mad</td> <td>Safety</td> <td>MM</td> </tr> <tr> <td>368</td> <td>Art McD</td> <td>APR</td> <td></td> </tr> <tr> <td>370</td> <td>Jas Ric</td> <td>JR</td> <td></td> </tr> <tr> <td>548</td> <td>Mix Hog / 13e Mon</td> <td>MM / AM</td> <td></td> </tr> </tbody> </table>					TRUCK #	DRIVER	TRUCK #	DRIVER	506	Fred Mad	Safety	MM	368	Art McD	APR		370	Jas Ric	JR		548	Mix Hog / 13e Mon	MM / AM	
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MAILING ADDRESS 10975 Grandview Dr.																										
CITY Overland Park	STATE KS	ZIP CODE 66210																								
JOB TYPE <u>Long string</u>	HOLE SIZE <u>6"</u>	HOLE DEPTH <u>620</u>	CASING SIZE & WEIGHT <u>2 1/2" EUE</u>																							
CASING DEPTH <u>795</u>	DRILL PIPE	TUBING	OTHER																							
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>2 1/2" Ply</u>																							
DISPLACEMENT <u>4.62 BBL</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4 BPM</u>																							
REMARKS: <u>Establish pump rate. Mix + Pump 200 # Gel Flush. Mix + Pump 107 SKS 70/30 Por Mix Cement 270 Gal 570 Salt 2# Pheno Seal/sk. Cement to surface. Flush pump + lines clean. Displace 2 1/2" rubber plug to casing TD. Pressure to 800# PSI Release pressure to set float valve. Shut in casing</u>																										

JTC Drilling. Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1030 <sup>00</sup>
5406	-	MILEAGE	-	NIC
5402	795	Casing Footage	-	NIC
5407	1/2 Minimum	Ten Miles	548	125 <sup>00</sup>
5502C	2 hrs	FOBAL Vac Truck	370	180 <sup>00</sup>
1127	107 SKS	70/30 Por Mix Cement	-	1358 <sup>00</sup>
1116B	380*	Premium Gel	-	79 <sup>80</sup>
111	207*	Granulated Salt	-	76 <sup>50</sup>
1107A	54*	Pheno Seal	-	69 <sup>66</sup>
4402	1	2 1/2" Rubber Plug	-	25 <sup>00</sup>
			7.8%	SALES TAX
				ESTIMATED TOTAL
				125 <sup>79</sup>
				3123 <sup>74</sup>

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.

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