



1158225

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i> | PRODUCTION INTERVAL: _____ _____ |
|--|---|---|

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 12, 2013

Elizabeth Brinkmeyer
Energex Kansas, Inc.
2038 S. PRINCETON ST., STE B
OTTAWA, KS 66067

Re: ACO1
API 15-059-26412-00-00
GILCHRIST BSI-GC1
SE/4 Sec.04-18S-21E
Franklin County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Elizabeth Brinkmeyer

McGown Drilling, Inc.
Mound City, Kansas

Operator:
Energex Kansas, Inc.
Overland Park, KS

Gilchrist BSI-GC 1

Franklin Co., KS
4-18S-21E
API: 059-26412

| | | | |
|------------------------|-----------|-------------------------|-----------|
| Spud Date: | 8/23/2013 | Surface Bit: | 9.875" |
| Surface Casing: | 7" | Drill Bit: | 5.875" |
| Surface Length: | 21.0' | Longstring: | 667.40' |
| Surface Cement: | 6 sx | Longstring Date: | 8/27/2013 |

Driller's Log

| Top | Bottom | Formation | Comments |
|------------|---------------|------------------|---------------------------------|
| 0 | 15 | Soil & Clay | |
| 15 | 21 | Shale | |
| 21 | 44 | Lime | |
| 44 | 135 | Shale | |
| 135 | 154 | Lime | |
| 154 | 170 | Shale | |
| 170 | 175 | Lime | |
| 175 | 178 | Shale | |
| 178 | 186 | Lime | |
| 186 | 224 | Shale | |
| 224 | 240 | Lime | |
| 240 | 250 | Shale | |
| 250 | 280 | Lime | |
| 280 | 288 | Shale | |
| 288 | 325 | Lime | |
| 325 | 484 | Shale | Big Shale |
| 484 | 509 | Lime | |
| 509 | 540 | Shale | |
| 540 | 569 | Lime | |
| 569 | 577 | Shale | |
| 577 | 580 | Lime | |
| 580 | 591 | Shale | |
| 591 | 594 | Lime | |
| 594 | 611 | Shale | |
| 611 | 613 | Lime | Good oil show, good odor |
| 613 | 615 | Lime | Good oil show, very strong odor |
| 615 | 617 | Lime | Good oil show, good odor |
| 617 | 619 | Lime | Light oil show, light odor |

Gilchrist BSI-GC 1
Franklin Co., KS

| | | | |
|------------|-----------|-------|--|
| 619 | 625 | Shale | |
| 625 | 642 | Sand | Generally laminated sand, fair oil show, |
| 642 | 682 | Shale | best oil show & odor 631-635 |
| 682 | TD | | |

