

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1158225

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 #			API No. 15	
Name:			Spot Description:	
Address 1:			Sec	TwpS. R
Address 2:			Feet	from $\ \square$ North / $\ \square$ South Line of Section
City: St	ate: Ziŗ	D:+	Feet	from East / West Line of Section
Contact Person:			Footages Calculated from Ne	arest Outside Section Corner:
Phone: ()			□ NE □ NW	□ SE □ SW
CONTRACTOR: License #			GPS Location: Lat:	, Long:
Name:				. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27 NAD27	
Purchaser:			County:	
Designate Type of Completion:			Lease Name:	Well #:
New Well Re-	·Fntrv	Workover	Field Name:	
	_		Producing Formation:	
☐ Oil ☐ WSW	SWD	SIOW	Elevation: Ground:	Kelly Bushing:
☐ Gas ☐ D&A ☐ OG	☐ ENHR	☐ SIGW ☐ Temp. Abd.	Total Vertical Depth:	Plug Back Total Depth:
CM (Coal Bed Methane)	G3W	iemp. Abd.	Amount of Surface Pipe Set a	and Cemented at: Feet
Cathodic Other (Core	Expl etc.)		Multiple Stage Cementing Co	
If Workover/Re-entry: Old Well Inf				Feet
Operator:				nent circulated from:
Well Name:			, ,	w/sx cmt.
Original Comp. Date:			loot doparto.	W,
	_	NHR Conv. to SWD		
Deepening Re-perf. Plug Back	Conv. to GS		Drilling Fluid Management F (Data must be collected from the	
Commingled	Permit #:		Chloride content:	ppm Fluid volume: bbls
Dual Completion	Permit #:		Dewatering method used:	
SWD	Permit #:		Location of fluid disposal if ha	uled offsite:
☐ ENHR	Permit #:		On and an Name	
GSW	Permit #:			
				License #:
Spud Date or Date Rea	iched TD	Completion Date or		TwpS. R
Recompletion Date		Recompletion Date	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 Approved by: Date:

Page Two



Operator Name:				_ Lease I	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in presson surface test, along	sures, whether with final chart	shut-in pre (s). Attach	ssure reac extra shee	hed stati t if more	c level, hydrosta space is neede	tic pressures, bot d.	tom hole temp	erature, fluid	recovery,
Final Radioactivity Lo- files must be submitte						ogs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital elec	tronic log
Drill Stem Tests Taker (Attach Additional S		Yes	No				on (Top), Depth ar		Sam	
Samples Sent to Geo	logical Survey	Yes	☐ No		Nam	e		Тор	Datu	m
Cores Taken Electric Log Run		Yes Yes	☐ No ☐ No							
List All E. Logs Run:										
				RECORD	Ne					
	0	· ·				ermediate, product		T "0 1	I	
Purpose of String	Size Hole Drilled	Size Ca Set (In 0		Weig Lbs.		Setting Depth	Type of Cement	# Sacks Used	Type and I Additiv	
		Al	DDITIONAL	CEMENTI	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of C	ement	# Sacks	Used		Type and P	ercent Additives		
Perforate Protect Casing	Top Bottom									
Plug Back TD Plug Off Zone										
r lug on zone										
Did you perform a hydrau	ulic fracturing treatment	on this well?				Yes	No (If No, ski	p questions 2 ar	nd 3)	
Does the volume of the to								p question 3)		
Was the hydraulic fractur	ing treatment information	on submitted to th	ne chemical o	disclosure re	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot		ON RECORD - Footage of Each					cture, Shot, Cement		d	Depth
	Эреспу	1 oolage of Lacif	iliterval Feli	Orated		(A	THOURT AND KIND OF MA	teriai Oseu)		Берит
TUBING RECORD:	Size:	Set At:		Packer A	+-	Liner Run:				
TOBING FILEGORIS.	0.20	001711.		r donor 7	••	[Yes No			
Date of First, Resumed	Production, SWD or EN	NHR. Pro	oducing Meth		a \Box	Coo Lift 0	Other (Evelein)			
Estimated Dradustics	0.11	Dhla	Flowing	Pumpin			Other (Explain)	Nee Oil D-#-		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat	eı B	bls. C	Gas-Oil Ratio	G	iravity
	ON OF GAS:	Open		METHOD OF Perf.			nmingled	PRODUCTION	ON INTERVAL:	
Vented Sold	Used on Lease bmit ACO-18.)		(Specify)	_ 1 011.	(Submit		mit ACO-4)			

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/

Sam Brownback, Governor

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

September 12, 2013

Elizabeth Brinkmeyer Enerjex 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:

Enerjex 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

Тор	Bottom	Formation	Comments
0	15	Soil & Clay	Comments
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		



2618010

TICKET NUMBER LOCATION OXXAWS FOREMAN Algan Ma

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

FIELD TICKET & TREATMENT REPORT CEMENT

DATE				- The second	The second secon	
	CUSTOMER# WE	ILL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2713	1579 (silch)	ist BSIGC-	1 NEH	18	<i>al</i>	5-12
STOMER	x Rasource		TRUCK#	DRIVER	TRUCK#	Dance
ILING ADDRESS			15/4	Do Noo	TROCK#	DRIVER
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McG				and Ma		MATRIC CONTRACTOR OF THE PROPERTY OF THE PROPE
ACCOUNT						T
CODE	QUANITY or UNITS	DESCRIPTION o	f SERVICES or PR	ODUCT	UNIT PRICE	TOTAL.
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account records, at our office, and conditions of service on the back of this form are in effect for services identified on this fo