



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1162211
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: _____



1162211

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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

October 09, 2013

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

Re: ACO1
API 15-059-26474-00-00
GILCHRIST BSP-GC3
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 BSP-GC 3

Franklin Co., KS
4-18S-21E
API: 059-26474

Spud Date: 8/16/2013
Surface Casing: 7"
Surface Length: 22.10'
Surface Cement: 6 sx

Surface Bit: 9.875"
Drill Bit: 5.875"
Longstring: 825.75'
Longstring Date: 8/20/2013

Driller's Log

Top	Bottom	Formation	Comments
0	3	Surface boulders	
3	8	Clay with lime	
8	13	Lime	
13	43	Shale	
43	64	Lime	
64	92	Shale	
92	100	Lime	
100	157	Shale	
157	179	Lime	
179	198	Shale	
198	214	Lime	
214	245	Shale	
245	259	Lime	
259	268	Shale	
268	296	Lime	
296	302	Shale	
302	348	Lime	
348	444	Shale	
444	454	Lime	
454	458	Sand	
458	480	Shale	Mucky
480	490	Shale	
490	496	Sandy Shale	
496	515	Lime	
515	540	Shale	
540	548	Lime	
548	559	Shale	
559	562	Lime	

Gilchrist BSP-GC 3

Franklin Co., KS

562	573	Shale	
573	575	Lime	
575	591	Shale	
591	599	Lime	
599	608	Shale	
608	614	Sand	Small oil show, light odor
614	618	Sandy Shale	No oil show
618	620	Sand	Small oil show
620	622	Sandy Shale	Fair odor, light show
622	626	Sand	Good oil odor, oil show
626	638	Sandy Shale	
638	671	Shale	
671	674	Coal	
674	676	Shale	
676	684	Sand	Laminated, good odor, fair oil show
684	686	Sandy Shale	Odor, laminated, worse show
686	687	Shale	
687	691	Shale	
691	718	Sandy Shale	Laminated, no show
718	758	Shale	
758	764	Sand	Oil odor, light oil show
764	774	Sandy Shale	
774	778	Sand	No oil show
778	786	Sandy Shale	
786	792	Sand	Good sand, faint odor, no visible show
792	798	Sandy Shale	
798	806	Shale	
806	812	Sandy Shale	
812	842	Shale	
842	TD		



CONSOLIDATED
Oil Well Services, LLC

261647

TICKET NUMBER 42378

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
8-21-13	2579	Gailchrist # BSGC-3		SE 4	18	21	FR
CUSTOMER				TRUCK #			
Enerjex Resources				712			
MAILING ADDRESS				DRIVER			
10975 Grandview Dr				Fred Mad			
CITY		STATE	ZIP CODE	TRUCK #			
Overland Park		KS	66218	495			
JOB TYPE <u>Longstring</u>				DRIVER			
HOLE SIZE <u>5 7/8</u>				370			
HOLE DEPTH <u>842</u>				Set Trc			
CASING DEPTH <u>825</u>				CASING SIZE & WEIGHT <u>2 1/8 EUE</u>			
SLURRY WEIGHT				OTHER			
SLURRY VOL				WATER gal/sk			
DISPLACEMENT <u>4.8 BBL</u>				CEMENT LEFT in CASING <u>2 1/2" EUE</u>			
DISPLACEMENT PSI				MIX PSI			
				RATE <u>5 BPM</u>			

REMARKS: Hold crew meeting. (safety) Establish pump rate. Mix Pump
100# Gel Flush. Mix + Pump 101 SKS 70/30 Poz Mix Cement
2% Gel 5% Salt to # 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.

McBown Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	10.65 ⁰⁰
5406	—	MILEAGE		N/C
5402	825	Casing footage		N/C
5407	1/2 Minimum	Ten Miles	510	154 ⁰⁰
5502C	1 1/2 hr	80 BBL Vac Truck	370	135 ⁰⁰
1127	101 SKS	70/30 Poz Mix Cement		1348 ³⁵
1116B	278 ⁰⁰	Premium Gel		61 ⁰⁰
1111	205 ⁰⁰	Granulated Salt		79 ⁰⁰
1107A	57 ⁰⁰	Pheno Seal		68 ⁰⁰
4402	1	2 1/2" Rubber Plug		29 ⁰⁰
			7.65 ⁰⁰	SALES TAX
				ESTIMATED
				TOTAL

Revin 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.