



1162240

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> <i>(Submit ACO-4)</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 10, 2013

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

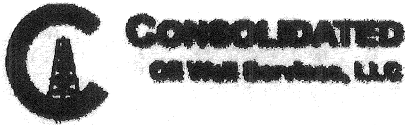
Re: ACO1
API 15-059-26475-00-00
GILCHRIST BSP-GC4
SE/4 Sec.04-18S-21E
Franklin County, Kansas

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



262019

TICKET NUMBER 42453
 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
9-5-10	2579	Gilchrist #BSP-604	SE 4	18	21	FR
CUSTOMER Enerjex Resources Inc			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 10975 Grandview Dr.			712 Fre Mad			
CITY STATE ZIP CODE Overland Park KS 66210			495 Har Acc			
			369 Dor Mas			
			570 Ser Tuc			
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
Long string	6	680	2 7/8 EUE			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
672						
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
			2 1/2" Plug			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
3.98 BBL			4 BPM			

REMARKS: Hold crew safety meeting. Establish pump rate. Mix Pump 100 # Gel Flush - Mix Pump 90 sks 70/30 Por Mix Cement 2 1/2" Gel 5% Salt 1/2" 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.

JTC Drilling Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	20 mi	MILEAGE	495	9900
5702	672	Casing footage		NK
5407	Minimum	Ten Miles	570	368 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck	369	180 ⁰⁰
1127	90 sks	70/30 Por Mix Cement		1201 ²⁰
1118B	258 #	Premium Gel		56 ⁹⁵
1118	183 #	Granulated Salt		71 ³⁷
1107A	45 #	Pheno Seal		60 ⁷⁵
4402	1	2 1/2 Rubber Plug		29 ⁵⁰
		7.65%	SALES TAX	108 ⁶⁹
			ESTIMATED TOTAL	3245 ⁷⁴

Revin 3737

AUTHORIZATION Jay Shindel Enerjex 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.

Operator License #	33741	API #	15-059-26475-00-00		
Operator	Energex Kansas	Lease Name	Gilchrist		
Address	2038 S. Princeton St., Ste B	Well #	BSP-GC4		
City	Ottawa, KS 66067	Spud Date	8/29/2013		
Contractor	JTC Oil, Inc.	Cement Date			
Contractor License #	32834	Location	Sec 4	T 18	R 21
T.D.	680		2068 feet from	S	line
T.D. of pipe	672		196 feet from	E	line
Surface pipe size	7"	County	Franklin		
Surface pipe depth	20'				
Well Type	Production				

Driller's Log

Thickness	Strata	From	To
5	Dirt	0	5
10	Lime	5	15
28	Shale	15	43
20	Lime	43	63
18	Shale	63	81
4	Lime	81	85
71	Shale	85	156
20	Lime	156	176
18	Shale	176	194
1	Lime	194	195
7	Shale	195	202
12	Lime	202	214
29	Shale	214	243
17	Lime	243	260
9	Shale	260	269
11	Lime	269	280
5	Shale	280	285
9	Lime	285	294
9	Black Shale	294	303
22	Lime	303	325
4	Coal	325	329
15	Lime	329	344
138	Shale	344	482
8	RedShale	482	490
6	Shale	490	496
4	Lime	496	500
2	Shale	500	502
13	Lime	502	515
4	Shale	515	519
8	Sand/Shale	519	527
35	Shale	527	562
6	Lime	562	568
12	Shale	568	580
3	Lime	580	583

No Oil

12	Shale	583	595	
8	Lime	595	603	
12	Shale	603	615	
1	Lime Oil	615	616	
2	Ok Oil	616	618	
2	Ok Oil	618	620	
2	Ok Oil	620	622	
3	Shale	622	625	
2	Ok Oil/Sand	625	627	OK
2	Oil Sand	627	629	
2	Little	629	631	
2	Little	631	633	
2	Little	633	635	
3	Tiny	635	638	
2	Little	638	640	
2	Little	640	642	
2	Tiny	642	644	
8	Sandy Shale	644	652	
28	Shale	652	680	