



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1162307  
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<br>Recompletion Date | Date Reached TD | Completion Date or<br>Recompletion Date |
|-----------------------------------|-----------------|-----------------------------------------|

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: \_\_\_\_\_



1162307

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 <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>List All E. Logs Run: _____ | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>Name Top Datum |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

| 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<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><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<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><i>(Amount and Kind of Material Used)</i> | Depth |
|----------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------|
|                |                                                                                           |                                                                                          |       |
|                |                                                                                           |                                                                                          |       |
|                |                                                                                           |                                                                                          |       |
|                |                                                                                           |                                                                                          |       |

|                |       |         |            |                                                                     |
|----------------|-------|---------|------------|---------------------------------------------------------------------|
| TUBING RECORD: | Size: | Set At: | Packer At: | Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------|-------|---------|------------|---------------------------------------------------------------------|

|                                                 |                                                                                                                                                                                |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of First, Resumed Production, SWD or ENHR. | Producing Method:<br><input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____ |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
|                                   |           |         |             |               |         |

|                                                                                                                                                                          |                                                                                                                                                                                                                                                            |                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>DISPOSITION OF GAS:</b><br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | <b>METHOD OF COMPLETION:</b><br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ | <b>PRODUCTION INTERVAL:</b><br>_____<br>_____ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|

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 17, 2013

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

Re: ACO1  
API 15-059-26488-00-00  
Gilchrist BSP-GC8  
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



**CONSOLIDATED**  
Oil Well Services, LLC

261599

TICKET NUMBER 42353

LOCATION Ottawa

FOREMAN Alan Mader

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-9676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

| DATE    | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|---------|------------|--------------------|---------|----------|-------|--------|
| B-19-13 | 2579       | Gilcrest 58.66-8   | NE 4    | 18       | 21    | JK     |

CUSTOMER  
Energex Resources  
MAILING ADDRESS  
10975 Grand View Dr.  
CITY  
Overland Park STATE KS ZIP CODE 66210

| TRUCK # | DRIVER     | TRUCK # | DRIVER |
|---------|------------|---------|--------|
| 516     | Alan Mader |         |        |
| 368     | Art McD    |         |        |
| 370     | Kei Car    |         |        |
| 510     | Mat Coc    |         |        |

JOB TYPE long string HOLE SIZE 6" HOLE DEPTH 760 CASING SIZE & WEIGHT 2 7/8  
CASING DEPTH 739 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING YES  
DISPLACEMENT 4.3 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: held meeting, hooked to casing. Established rate. Mixed & pumped 109# gel followed by 109 sk 70/30 cement plus 29 gal gel, 5% salt, 1/2# phenaseal per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

JTC Manner

Alan Mader

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL   |
|--------------|-------------------|------------------------------------|------------|---------|
| 5401         | 1                 | PUMP CHARGE                        | 368        | 1085.00 |
| 5406         |                   | MILEAGE                            | 368        |         |
| 5407         | 739               | casing footage                     | 368        |         |
| 5407         | 1/2 min           | ton miles                          | 510        | 184.00  |
| 5502L        | 1 1/2 hr          | 80 gal                             | 370        | 135.00  |
| 1127         | 109               | 70/30 cen                          |            | 1455.15 |
| 118B         | 292               | gel                                |            | 64.24   |
| 1111         | 22#               | salt                               |            | 86.19   |
| 1127 A       | 54#               | phenaseal                          |            | 72.90   |
| 4402         | 1                 | 2 1/2 plug                         |            | 29.50   |

completed

SALES TAX 1319.66  
ESTIMATED TOTAL 3242.64

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

|                      |                              |             |                                            |
|----------------------|------------------------------|-------------|--------------------------------------------|
| Operator License #   | 33741                        | API #       | 15-059-26488-00-00                         |
| Operator             | Energex Kansas               | Lease Name  | Gilchrist                                  |
| Address              | 2038 S. Princeton St., Ste B | Well #      | BSP-GC8                                    |
| City                 | Ottawa, KS 66067             | Spud Date   | 8/14/2013                                  |
| Contractor           | JTC Oil, Inc.                | Cement Date |                                            |
| Contractor License # | 32834                        | Location    | 1501 Sec 4 T 18 R 21<br>feet from S E line |
| T.B. of pipe         | 760<br>739                   | County      | Franklin                                   |
| Surface pipe size    | 7"                           |             |                                            |
| Surface pipe depth   | 20'                          |             |                                            |
| Well Type            | Production                   |             |                                            |

Driller's Log

| Thickness | Strata      | From | To  |
|-----------|-------------|------|-----|
| 1         | Soil        | 0    | 1   |
| 2         | Clay        | 1    | 3   |
| 4         | Lime        | 3    | 7   |
| 30        | Shale       | 7    | 37  |
| 19        | Lime        | 37   | 56  |
| 91        | Shale       | 56   | 147 |
| 20        | Lime        | 147  | 167 |
| 15        | Shale       | 167  | 182 |
| 3         | Lime        | 182  | 185 |
| 8         | Shale       | 185  | 193 |
| 5         | Lime        | 193  | 198 |
| 41        | Shale       | 198  | 239 |
| 14        | Lime        | 239  | 253 |
| 9         | Shale       | 253  | 262 |
| 27        | Lime        | 262  | 289 |
| 6         | Black Shale | 289  | 295 |
| 23        | Lime        | 295  | 318 |
| 4         | Coal        | 318  | 322 |
| 15        | Lime        | 322  | 337 |
| 155       | Shale       | 337  | 492 |
| 16        | Lime        | 492  | 508 |
| 3         | Shale       | 508  | 511 |
| 9         | Sand        | 511  | 520 |
| 32        | Shale       | 520  | 552 |
| 2         | Coal        | 552  | 554 |
| 1         | Shale       | 554  | 555 |
| 7         | Lime        | 555  | 562 |
| 11        | Shale       | 562  | 573 |
| 2         | Lime        | 573  | 575 |
| 12        | Black Shale | 575  | 587 |
| 9         | Lime        | 587  | 596 |
| 6         | Shale       | 596  | 602 |
| 4         | Lime        | 602  | 606 |
| 1         | Coal        | 606  | 607 |

|    |             |     |     |            |
|----|-------------|-----|-----|------------|
| 3  | Lime Oil    | 607 | 610 | OK         |
| 3  | Lime Oil    | 610 | 613 | Good       |
| 2  | Shale       | 613 | 615 |            |
| 3  | Oil Sand    | 615 | 618 | Good       |
| 3  | Oil Sand    | 618 | 621 | Good       |
| 3  | Oil Sand    | 621 | 624 | OK         |
| 3  | Oil Sand    | 624 | 627 | Good       |
| 3  | Oil Sand    | 627 | 630 | V-Good     |
| 3  | Oil Sand    | 630 | 633 | Good       |
| 9  | Sandy       | 633 | 642 |            |
| 22 | Shale       | 642 | 664 |            |
| 24 | Black Shale | 664 | 688 |            |
| 2  | Oil Sand    | 688 | 690 | OK         |
| 2  | Sand        | 690 | 692 | OK         |
| 2  | Oil Sand    | 692 | 694 | Broken     |
| 2  | Sandy Shale | 694 | 696 |            |
| 2  | Sandy       | 696 | 698 | Little Oil |
| 3  | Sandy       | 698 | 701 | Little Oil |
| 59 | Shale       | 701 | 760 |            |