



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1163614
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
-----------------------------------	-----------------	---

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: _____



1163614

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 <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample 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 <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: <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------	-------	---------	------------	---

Date of First, Resumed Production, SWD or ENHR.	Producing Method: <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

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> _____	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

October 17, 2013

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

Re: ACO1
API 15-059-26476-00-00
GILCHRIST BSP-GC5
NE/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

Operator License #	33741	API #	15-059-26476-00-00		
Operator	Energex Kansas	Lease Name	Gilchrist		
Address	2038 S. Princeton St., Ste B	Well #	BSP-GC5		
City	Ottawa, KS 66067	Spud Date	8/22/2013		
Contractor	JTC Oil, Inc.	Cement Date			
Contractor License #	32834	Location	Sec 4	T 18	R 21
T.D.	800		2421 feet from	N	line
T.D. of pipe	750		651 feet from	E	line
Surface pipe size	7"	County	Franklin		
Surface pipe depth	20'				
Well Type	Production				

Driller's Log

Thickness	Strata	From	To
2	Dirt	0	2
13	Lime	2	15
2	Shale	15	17
4	Lime	17	21
3	Shale	21	24
4	RedShale	24	28
22	Shale	28	50
17	Lime	50	67
11	Shale	67	78
2	Lime	78	80
81	Shale	80	161
24	Lime	161	185
23	Shale	185	208
12	Lime	208	220
25	Shale	220	245
13	Lime	245	258
2	Shale	258	260
3	Lime	260	263
9	Shale	263	272
28	Lime	272	300
6	Shale	300	306
3	Coal	306	309
19	Lime	309	328
4	Shale	328	332
5	Lime Mix	332	337
3	Shale	337	340
7	Lime	340	347
145	Shale	347	492
3	Lime	492	495
5	Shale	495	500
6	Sand	500	506
9	Lime	506	515
1	Shale	515	516
4	Lime	516	520

No Oil

40	Shale	520	560	
2	Coal	560	562	
4	Shale	562	566	
8	Lime	566	574	
13	Black Shale	574	587	
3	Lime	587	590	
15	Shale	590	605	
4	Lime	605	609	
2	Mix	609	611	
10	Shale	611	621	
1	Lime Oil	621	622	
2	Lime Oil	622	624	
2	Lime Oil	624	626	
4	Shale	626	630	
2	Sand	630	632	
1	Sand	632	633	OK
2	Good	633	635	
3	Good	635	638	
2	Little	638	640	
2	OK	640	642	
2	Little	642	644	
2	Tiny	644	646	
2	Tiny	646	648	
12	Sandy Shale	648	660	
40	Shale	660	700	
4	Sandy Shale	700	704	
1	Tiny Oil/Sand	704	705	
2	Tiny Oil	705	707	
2	Tiny Oil	707	709	
6	Sandy Shale	709	715	
34	Shale	715	749	
1	Mix Sand	749	750	No Oil
25	Sandy Shale	750	775	No Oil
20	Sand	775	795	No Oil
5	Shale	795	800	



CONSOLIDATED
Oil Well Services, LLC

261801

TICKET NUMBER 42419

LOCATION Ottawa

FOREMAN Alan 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
8-27-13	2579	Gilchrist 658 66-5	NE 4	18	21	FR
CUSTOMER			TRUCK #			
Enerflex Resources			516	Alan Maden		
MAILING ADDRESS			368	Ant McJ		
10975 Grandview Dr			348	Mikhael		
CITY	STATE	ZIP CODE	370	Kei Car		
Overland Park	KS	66210				
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
long string	6	800	2 7/8			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
790						
SLURRY WEIGHT	SLURRY VOL	WATER gal/ek	CEMENT LEFT in CASING			
			yes			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
4.6	800	200	4 bpm			

REMARKS: Hooked to casing. Established rate. Mixed & pumped 100# gel followed by 113 sk 70/30 cement plus 270 gal, 57# salt, 1/2 phenoxal per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

JTL Drilling

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	—	MILEAGE	368	—
5402	790	Casing footage	368	—
5407	1/2 min	ton miles	548	184.00
5502C	1/2	80 gal	370	135.00
1127	113	70/30 cement		1509.55
1180	299#	gel		65.78
111	229#	salt		87.31
1107A	57#	phenoxal		76.95
11402	1	2 1/2 plug		29.00
<input checked="" type="checkbox"/> completed				
SALES TAX				135.41
ESTIMATED TOTAL				3309.50

Flavin 3737

AUTHORIZATION Jay Maden 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.