



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1164537
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: _____



1164537

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
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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> _____	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 22, 2013

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

Re: ACO1
API 15-059-26469-00-00
GILCHRIST BSI-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



CONSOLIDATED
Oil Well Services, LLC

261805

TICKET NUMBER 42417

LOCATION Ottawa

FOREMAN Alan Mabe

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	Bilchist BSI-663	NE4	18	21	FR
CUSTOMER <u>Energex Resources</u>						
MAILING ADDRESS <u>10975 Grandview Dr</u>						
CITY <u>Overland Park</u>						
STATE <u>KS</u>						
ZIP CODE <u>66210</u>						
JOB TYPE <u>long string</u>		HOLE SIZE <u>6</u>	HOLE DEPTH <u>692</u>	CASING SIZE & WEIGHT <u>2 7/8</u>		
CASING DEPTH <u>661</u>		DRILL PIPE	TUBING	OTHER		
SLURRY WEIGHT		SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>YES</u>		
DISPLACEMENT <u>3.6</u>		DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>4 ban</u>		

REMARKS: Hooped to casing. Established rate. Mixed & pumped 100# gel followed by 84 sk 70/30 cement plus 2% gel. 5% salt 1/2# phenogel per sack. Circulated cement. Flushed pump. Pumped plus to casing TD. Well held 800 psi. Held pressure for 30 minute. M.I.T. Set float. Closed valve.

McGowan Drilling

Alan Mabe

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1095.00
5406	25	MILEAGE	368	10300.00
5402	661	Casing footage	368	
5407	1/2 mi	tan miles	503	18400.00
5502L	1 1/2	80 sac	370	13500.00
1127	84	70/30 cement		1121.40
1118B	248#	gel		54.56
111	170#	gel		16.50
1107A	42#	phenogel		56.70
1402	1	2 1/2 plug		29.50
<input checked="" type="checkbox"/> completed				
SALES TAX				101.63
ESTIMATED TOTAL				2939.09

Ravin 3737

AUTHORIZATION Jay Daniel Brierley 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.

McGown Drilling, Inc.
Mound City, Kansas

Operator:

Energex Kansas, Inc.
Overland Park, KS

Gilchrist BSI-GC 3

Franklin Co., KS
4-18S-21E
API: 059-26469

Spud Date: 8/21/2013
Surface Casing: 7"
Surface Length: 21.80'
Surface Cement: 6 sx

Surface Bit: 9.875"
Drill Bit: 5.875"
Longstring: 660.95'
Longstring Date: 8/23/2013

Driller's Log

Top	Bottom	Formation	Comments
0	8	Soil & Clay	
8	15	Shale	
15	35	Lime	
35	128	Shale	
128	141	Lime	
141	143	Shale	
143	145	Lime	
145	162	Shale	
162	165	Lime	
165	174	Shale	
174	184	Lime	
184	217	Shale	
217	232	Lime	
232	241	Shale	
241	270	Lime	
270	276	Shale	
276	299	Lime	
299	304	Shale	
304	306	Coal	
306	315	Lime	
315	328	Shale	
328	365	Sandy Shale	
365	457	Shale	
457	478	Sandy Shale	
478	497	Lime	
497	545	Shale	
545	554	Lime	
554	562	Shale	

Gilchrist BSI-GC 3
Franklin Co., KS

562	565	Lime	
565	578	Shale	
578	582	Lime	
582	595	Shale	
595	597	Lime	
597	599	Shale	
599	600	Lime	Good oil odor, light oil show
600	602	Lime	Strong odor, good oil show
602	604	Lime	Good oil odor, good show
604	605	Lime	
605	613	Shale	
613	626	Sand	Good odor, laminated, fair oil show
626	628	Sandy Shale	Light oil show, lighter odor
628	630	Shale	
630	660	Shale	
660	663	Coal	
663	688	Shale	
688	690	Sandy Shale	Faint odor, very small oil show
690	TD		