



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1164561
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: _____



1164561

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> <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 22, 2013

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

Re: ACO1
API 15-059-26470-00-00
GILCHRIST BSI-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



261808

TICKET NUMBER 42420
 LOCATION Ottawa
 FOREMAN Alan Madar

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 BSF GC-4	NE-4	18	21	FR
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Enerflex Resources			516	Ala Mad		
MAILING ADDRESS			368	Ala Mad		
10975 Grandview Dr			675	Kei Det		
CITY	STATE	ZIP CODE	548	Mik Hee		
Overland Park	KS	66210				

JOB TYPE long string HOLE SIZE 6 HOLE DEPTH 680 CASING SIZE & WEIGHT 278
 CASING DEPTH 668 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING YES
 DISPLACEMENT 3.9 DISPLACEMENT PSI 900 MIX PSI 200 RATE 4 bpm

REMARKS: Hooked to casing. Established rate. Mixed & pumped 100# gel followed by 84 sk 70/30 cement plus 5% salt, 1/8# phenoseal, 2% gel per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 900 PSI for 30 minute M.I.T. Set float. Closed valve.

JTC Drilling

Alan Madar

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	10.20
5406	—	MILEAGE	368	—
5402	668	casing footage	368	—
5407	1/2 min	ten miles	548	134.00
5502C	1 1/2	80 vac	675	135.00
1127	84	70/30 cem		1121.40
1188	248	gel		54.52
1111	170#	salt		66.30
1107A	42#	phenoseal		56.70
4402	1	2 1/2 plug		29.50

completed

SALES TAX ESTIMATED TOTAL 101.63
2834.09

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 this service.

Operator License #	33741	API #	15-059-26470-00-00	
Operator	Energex Kansas	Lease Name	Gilchrist	
Address	2038 S. Princeton St., Ste B	Well #	BSI-GC4	
City	Ottawa, KS 66067	Spud Date	8/24/2013	
Contractor	JTC Oil, Inc.	Cement Date		
Contractor License #	32834	Location	Sec 4	T 18 R 21
T.D.	680		3046 feet from	N line
T.D. of pipe	668		700 feet from	E line
Surface pipe size	7"	County	Franklin	
Surface pipe depth	20'			
Well Type	Injection			

Driller's Log

Thickness	Strata	From	To
1	Dirt	0	1
9	Lime/Shale	1	10
17	Shale	10	27
28	Lime	27	55
20	Shale	55	75
1	Lime	75	76
74	Shale	76	150
20	Lime	150	170
24	Shale	170	194
13	Lime	194	207
30	Shale	207	237
16	Lime	237	253
7	Shale	253	260
13	Lime	260	273
3	Shale	273	276
14	Lime	276	290
3	Shale	290	293
3	Coal	293	296
22	Lime	296	318
4	Shale	318	322
8	Lime Mix	322	330
4	Lime	330	334
146	Shale	334	480
2	Lime	480	482
3	Shale	482	485
8	Sand	485	493
15	Lime	493	508
47	Shale	508	555
10	Lime	555	565
9	Shale	565	574
2	Lime	574	576
12	Black Shale	576	588
21	Lime	588	609
1	Lime Oil	609	610

No Oil

2	Lime Oil	610	612	
2	Lime Oil	612	614	
3	Shale	614	617	
2	Sand/Shale	617	619	No Oil
1	Top Oil	619	620	OK
2	Top Oil	620	622	
2	Top Oil	622	624	
2	Top Oil	624	626	
2	Top Oil	626	628	
2	Top Oil	628	630	
2	Top Oil	630	632	
2	Little	632	634	
2	Tiny Oil	634	636	
14	Sandy Shale	636	650	
30	Shale	650	680	