



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1164721  
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: \_\_\_\_\_



1164721

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
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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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 23, 2013

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

Re: ACO1  
API 15-059-26491-00-00  
Gilchrist BSI-GC7  
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.

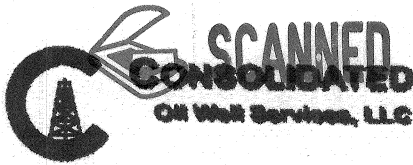
Respectfully,  
Elizabeth Brinkmeyer

Operator License #	33741	API #	15-059-26491-00-00
Operator	Energex Kansas	Lease Name	Gilchrist
Address	2038 S. Princeton St., Ste B	Well #	BSI-GC7
City	Ottawa, KS 66067		
Contractor	JTC Oil, Inc.	Spud Date	8/11/2013
Contractor License #	32834	Cement Date	
T.D.	700	Location	Sec 4 T 18 R 21
T.D. of pipe	667		1650 feet from S line
Surface pipe size	7"		502 feet from E line
Surface pipe depth	20'	County	Franklin
Well Type	Injection		

Driller's Log

Thickness	Strata	From	To
2	Soil	0	2
1	Clay	2	3
12	Lime	3	15
28	Shale	15	43
18	Lime	43	61
92	Shale	61	153
20	Lime	153	173
14	Shale	173	187
3	Lime	187	190
8	Shale	190	198
4	Lime	198	202
3	Shale	202	205
6	Red Bed	205	211
29	Shale	211	240
19	Lime	240	259
9	Shale	259	268
26	Lime	268	294
7	Black Shale	294	301
23	Lime	301	324
4	Coal	324	328
12	Lime	328	340
157	Shale	340	497
21	Lime	497	518
9	Sand	518	527
31	Shale	521	552
3	Coal	552	555
6	Shale	555	561
7	Lime	561	568
11	Shale	568	579
2	Lime	579	581
11	Black Shale	581	592
8	Lime	592	600
11	Shale	600	611
1	Lime	611	612

2	Coal	612	614	
2	Lime Oil	614	616	OK
2	Lime Oil	616	618	OK
2	Lime Oil	618	620	OK
2	Shale	620	622	
2	Sand	622	624	OK
2	Oil Sand	624	626	Good
2	Sandy/Shale	626	628	OK
2	Sand/Shale	628	630	Good
2	Sand	630	632	Good
2	Lime/Sand	632	634	Good
2	Oil Sand	634	636	V-Good
2	Sand/Shale	636	638	Broken
2	Sandy	638	640	
1	Lime	640	641	
7	Sandy	641	648	
28	Shale	648	676	
24	Black Shale	676	700	



261394

TICKET NUMBER 42332  
 LOCATION Ottawa KS  
 FOREMAN Fred Mader

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
8.14.13	2579	G. Christ #B57.GC.7	SE 4	18	21	FR
CUSTOMER Enerjex Resources Inc.			TRUCK #			
MAILING ADDRESS 10925 Grandview Dr.			DRIVER			
CITY Overland Park		STATE KS	TRUCK #		DRIVER	
ZIP CODE 66210		TRUCK #		DRIVER		
JOB TYPE <u>Long string</u>		HOLE SIZE <u>6"</u>	HOLE DEPTH <u>780</u>		CASING SIZE & WEIGHT <u>2 7/8 EUE</u>	
CASING DEPTH <u>667</u>		DRILL PIPE	TUBING		OTHER	
SLURRY WEIGHT		SLURRY VOL	WATER gal/sk		CEMENT LEFT in CASING <u>2 1/2" Plug</u>	
DISPLACEMENT <u>300 BBL</u>		DISPLACEMENT PSI	MIX PSI		RATE <u>4 BPM</u>	

REMARKS: Hold crew safety meeting. Establish pump rate. Mix + Pump  
 100# Gel Flush. Mix @ Pump 98 Sks 70/30 Por Mix Cement 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. Hold + Monitor Pressure for 30 min. MITI Release  
 Pressure to Set float Valve. Shut in Casing

VTC Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	475	1085 <sup>00</sup>
5406	5mi	MILEAGE	475	21 <sup>00</sup>
5402	667	Casing Footage		112
5407	1/2 Minimum	Ton Miles	548	184 <sup>00</sup>
5502C	1 1/2 hr	80 BBL Van Truck	370	135 <sup>00</sup>
1127	98 Sks	70/30 Por Mix Cement		1308 <sup>20</sup>
115B	273#	Premium Gel		60 <sup>06</sup>
111	199#	Granulated Salt		77 <sup>61</sup>
1107A	49#	Pheno Seal		66 <sup>15</sup>
4402	1	2 1/2" Rubber Plug		29 <sup>50</sup>
			7.65%	SALES TAX
				ESTIMATED
				TOTAL

Revin 3737

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.