

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1164852

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 #			API No. 15				
Name:			Spot Description:				
Address 1:			Sec Twp S. R				
Address 2:			Feet from North / South Line of Section				
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section		
Contact Person:			Footages Calculated from	Nearest Outside Section C	Corner:		
Phone: ()			□ NE □ NW	V □SE □SW			
CONTRACTOR: License #			GPS Location: Lat:	, Long:			
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)		
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84			
Purchaser:			County:				
Designate Type of Completion:			Lease Name:	W	ell #:		
	e-Entry	Workover	Field Name:				
	_		Producing Formation:				
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground: Kelly Bushing:				
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total D	epth:		
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet		
Cathodic Other (Core, Expl., etc.):			Multiple Stage Cementing	Collar Used? Yes	No		
If Workover/Re-entry: Old Well I			If yes, show depth set:				
Operator:			If Alternate II completion, c	cement circulated from:			
Well Name:			feet depth to:	w/	sx cmt.		
Original Comp. Date:							
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Plan			
Plug Back	Conv. to G		(Data must be collected from to				
Commingled	Permit #		Chloride content:	ppm Fluid volume	: bbls		
Dual Completion			Dewatering method used:_				
SWD			Location of fluid disposal if	hauled offsite:			
ENHR	Permit #:						
GSW	Permit #:		Operator Name:				
			Lease Name:				
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	TwpS. R	East West		
Recompletion Date		Recompletion Date	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 III Approved by: Date:					

Page Two



Operator Name: Lease Name: _ Well #: _ 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** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No Yes
 Yes
 ■
 Yes
 ■
 Yes
 ■
 Nes
 Nes Cores Taken Electric Log Run ___ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) 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** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: **DISPOSITION OF GAS:** PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

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/

Sam Brownback, Governor

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner

October 23, 2013

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

Re: ACO1 API 15-059-26509-00-00 Gilchrist BSI-GC9 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 262564



CONSOLIDATED AL

15.059.26509

TICKET NUMBE	R 42509
LOCATION	thause
FOREMAN /	Jan Mala

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

	or 800-467-867	0		CEMEN				
DATE	CUSTOMER#	WELL	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
9-19-13	2579	Coil chr	54 B	ST GC	9 NEW	10	21	EX
CUSTOMER	rov l	0 60000	DC		Antonia de la compa			
MAILING ADDRE	ESS	esourc	0		TRUCK#	DRIVER	TRUCK#	DRIVER
110975	Gran	Q	Da		310	179Mass	SCIPE	1001
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ACCOUNT	4-2			÷		The contraction of the contracti		
CODE	QUANITY	or UNITS	DE	SCRIPTION of	SERVICES or P	RODUCT	UNIT PRICE	TOTAL
5401			PUMP CHARG	in the state of th		368		10059
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14 - 1			MARK	10 500	2 /			59.40
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11071			2/2	P145				29,00
11071			2/2	plas				24,50
1107A 44102			2 /2	plas				24.50
11071			2 /2	plas				243D
1107/-			2 1/2	-p (45		****	campla	24.32
11071			2 1/2	Plus			complet	24.30
11071			2,1/2	Plus		****	campla	
			2 1/2	Plas			COMPIC!	105.16
1107 A- LI-1102 avin 3737			2 1/2 Mm	Plus			complet	<u> </u>

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 or the back of this form are in effect for services identified or the back of this form are in effect for services identified or the back of this form are in effect for services identified or the back of this form are in effect for services identified or the back of this form are in effect for services identified or the back of this form are in effect for services identified or the back of this form are in effect for services identified or the back of this form are in effect for services identified or the back of this form are in effect for services identified or the back of this form are in effect for services identified or the back of this form are in effect for services identified or the back of this form are in effect for services identified or the back of this form are in effect for services identified or the back of this form are in effect for services identified or the back of this form are in effect for services identified or the back of this form are in effect for services identified or the back of t

	Operator Licens Operator Address City Contractor Contractor Licen T.D.		33741 Enerjex Kansas 2038 S. Princeto Ottawa, KS 660 JTC Oil, Inc. 32834 720		API # Lease Nar Well # Spud Date Cement D Location	•	15-059-265 Gilchrist BSI-GC9 9/12/2013 Sec 4	09-00-0 T 18	0 R 21
	T.D. of pipe		699			2443	feet from	\$	line
	Surface pipe size	2	7"			400	feet from	E	line
	Surface pipe de	oth	20'		County		Franklin		
	Well Type		Injection			^			
		riller's	Log	•					
Thickness	Strata		From	To					
2	Dirt		0	2					
11	Lime		2	13					
3	Shale		13	16					
5	Lime		16	21					
6	Shale		21	27					
3	Red Shale	<u>:</u>	27	30					
18	Shale		30	48					
19	Lime		48	67					
18	Shale		67	85					
2	Lime		85	87					
76	Shale		87	163					
20	Lime		163	183					
21	Shale		183	204					
18	Lime		204	222					
26	Shale		222	248					
16	Lime		248	264					
9	Shale		264	273					
27	Lime		273	300					
9	Black Shal	e	300	309					
21	Llme		309	330					
5	Coal/Shale	ž	330	335					
12	Lime		335	347					
150	Shale		347	497	1				
3	Lime		497	500					
5	Sandy Shal	e	500	505					
16	Lime		505	521					
4	Shale		521	525					
8	Sandy Shal	e	525	533					
35	Shale		533	568					
6	Lime		568	574					
12	Shale		574	586			•		
2	Lime		586	588					
12	Black Shal	ė	588	600					
10	Lime Mix		600	610					
			-						

7	Shale	610	617	
4	Lime	617	621	
1	Lima Oil	C21	C22	
2	Lime Oil	622	624	Good
2	Lime Oil	624	626	Good
1	Lime Oil	626	627	
2	Shale	627	629	
1	Sand	629	630	OK
2	Sand	630	632	
2	Sand	632	634	
2	Sand	634	636	
2	Good	636	638	
2	Good	640	642	
2	Good	642	644	
2	OK	644	646	
2	Little	5+3	₫৾৾৾৾	
2	Little	648	650	
10	Sandy Shale	650	660	
43	Shale	660	703	
2	Sand	703	705	Little Oil
2	Sand	705	707	
2	Tiny	707	709	
11	Shale	709	720	

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