

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 # _____

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: _____

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
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

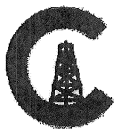
Dear Production Department:

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

262509


CONSOLIDATED
 Oil Well Services, LLC

AA1 15.059.26509

TICKET NUMBER 42509

LOCATION OttawaFOREMAN Alan 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
9-19-13	2579	Gilchrist BST GL9 ME4		10	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>				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			516	Alan Mader	Set Int	Set Int
			368	AR/MW		
			675	Kei Det		
			512	Set Int		

 JOB TYPE Leasing HOLE SIZE 6 HOLE DEPTH 720 CASING SIZE & WEIGHT 278
 CASING DEPTH 699 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING Yes
 DISPLACEMENT _____ DISPLACEMENT PSI 800 MIX PSI 200 RATE 46 bpm

 REMARKS: Held meeting. Established rate down casing. Mixed & pumped 100# gel followed by 87 9K 70/30 cement plus 29 gal, 5% salt, 1/2 phen seal per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI for 30 minute M.T. Set float. Closed valve.

JTL Drilling

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1080.00 ✓
6706	20	MILEAGE	368	84.20 ✓
5402	699	Casing footage	368	— ✓
5407	min	ten miles	512	368.00 ✓
5502L	2	80 vac	675	1350.00 ✓
1127	87	70/30 cement		1161.45 ✓
1118B	253 #	gel		35.61 ✓
1111	176 #	salt		68.64 ✓
1107A	44	phen seal		59.40 ✓
6402	1	2 1/2 plug		29.50 ✓
<input checked="" type="checkbox"/> completed				
SALES TAX				105.16 ✓
ESTIMATED TOTAL				3196.81 ✓

Ravin 3737

AUTHORIZATION

Joann M. Joann

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.

Operator License #	33741	API #	15-059-26509-00-00		
Operator	Energex Kansas	Lease Name	Gilchrist		
Address	2038 S. Princeton St., Ste B	Well #	BSI-GC9		
City	Ottawa, KS 66067				
Contractor	JTC Oil, Inc.	Spud Date	9/12/2013		
Contractor License #	32834	Cement Date			
T.D.	720	Location	Sec 4	T 18	R 21
T.D. of pipe	699		2443 feet from	S	line
Surface pipe size	7"		400 feet from	E	line
Surface pipe depth	20'	County	Franklin		
Well Type	Injection				

Driller'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	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 Shale	300	309
21	Lime	309	330
5	Coal/Shale	330	335
12	Lime	335	347
150	Shale	347	497
3	Lime	497	500
5	Sandy Shale	500	505
16	Lime	505	521
4	Shale	521	525
8	Sandy Shale	525	533
35	Shale	533	568
6	Lime	568	574
12	Shale	574	586
2	Lime	586	588
12	Black Shale	588	600
10	Lime Mix	600	610

7	Shale	610	617	
4	Lime	617	621	
1	Lime Oil	621	622	
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	
1	Little	646	648	
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	