



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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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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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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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McGown Drilling, Inc.

Mound City, Kansas

Operator:

Enerjex Kansas, Inc.
Overland Park, Kansas

Well: Carter A BSI-CA5
S-T-R 17-18S-21E
County: Franklin County, Kansas
API: 059-25576

Spud Date: 5/26/2011 **Surface Bit Size:** 11.25"
Surface Casing: 7" **Drill Bit Size:** 6.125"
Surface Length: 20.0'
Surface Cement: 6 sx 50/50 POZ by McGown Drilling

Driller's Log

Top	Bottom	Formation	Comments
0	1	Soil	
1	9	Lime	
9	12	Grey Sand	
12	103	Shale	
103	122	Lime	
122	148	Shale	
148	150	Lime	
150	153	Shale	
153	166	Red Bed	
166	194	Shale	
194	209	Lime	
209	219	Shale	
219	248	Lime	
248	254	Black shale & shale	
254	279	Lime	
279	281	Black Shale	
281	294	Lime	
294	441	Big Shale	
441	467	Lime	
467	518	Sand and shale	
518	540	Lime	
540	549	Shale	
549	551	Lime	
551	555	Shale	

555	580	20' Lime	
580	586	Shale	
586	590	5' Lime	
590	592	Shale	
592	597	Sand	Good oil show
597	599	Broken sand	Good oil show
599	602	Sand / Sandy shale	
602	668	Shale	

668 TD

Coring

Core Run	Footage	Recovery
1	593'-613'	19'

Long String: 5/31/2011
 661.70' 2 7/8" EUE off Enerjex tubing trailer



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

TICKET NUMBER 32567
LOCATION OKTawa KS
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/6/11	2579	Carter A # BSF. CA-5	NW17	18	21	FR.

TRUCK #	DRIVER	TRUCK #	DRIVER
506	Fred	Safety	mtj
368	Ken	RM	
370	Arden	ARM	
510	Derek	DM	

CUSTOMER	MILING ADDRESS	CITY	STATE	ZIP CODE
Emerix Resources LLC	10975 Grandview Dr	Overland Park	KS	66210

JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT
Long string	6 1/8	668	2 7/8 EUE

CASING DEPTH	DRILL PIPE	TUBING	OTHER
661			

SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
			2 1/2" Plug

DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE
3.84 BBL			4 BPM

REMARKS: Check casing depth w/ wireline. Mixt Pump 100# Premium Gel
Flush. Mixt Pump 96 SKS 70/30 Poz. Mix Cement 270 Gel
570 Salt 1/2# Pheno Seal/sack. Cement to Surface. Flush
pump & lines clean. Displace 2 1/2" Rubber plug to casing TD
w/ 3.84 BBL Fresh water. Pressure to 158# PSI. Hold
Pressure for 30 min MITI. Release pressure to set float
Value. Shut in casing.

Mc Gown Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	10#4	PUMP CHARGE		970 ⁰⁰
5405	0	MILEAGE Truck on lease		N/C
5402	661	Cas mt too large		N/C
5407	1/2 Minimum	Ton Miles		165 ⁰⁰
5502L	1 1/2 hrs	50 BBL Vac Truck		135 ⁰⁰
1127	96	70/30 Poz Mix Cement		1161 ⁶⁰
115B	262#	Premium Gel		52 ⁴⁰
111	186#	Granulated Salt		65 ¹⁰
1107A	48#	Pheno Seal		58 ⁵⁰
7402	1	2 1/2" Rubber Plug		28 ⁰⁰
		WD 241993		
			7.0%	SALES TAX ESTIMATED TOTAL
				106 ⁵²
				2747.18

Ravin 3737

AUTHORIZATION

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.

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
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

July 08, 2011

Marcia Littell
Energex Kansas, Inc.
27 CORPORATE WOODS, STE 350
10975 GRANDVIEW DR
OVERLAND PARK, KS 66210

Re: ACO1
API 15-059-25576-00-00
Carter A BSI-CA5
NW/4 Sec.17-18S-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,
Marcia Littell