



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: _____



1059578

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 <table style="width:100%; border: none;"> <tr> <td style="width:70%; border: none;">Name</td> <td style="width:15%; border: none;">Top</td> <td style="width:15%; border: none;">Datum</td> </tr> </table>	Name	Top	Datum
Name	Top	Datum		

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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JTC Oil, Inc.**Drillers Log**Well Name Carter A BSI 3Cement AmountsSurface Date 4-27-11 20 ft 6.53 SacksCement Date 5-4-11Well Depth 660Casing Depth 625**Drillers Log**

<u>Formation</u>	<u>Depth</u>	<u>Formation</u>	<u>Depth</u>
Soil	0		
Shale	4		
lime	91		
shale	111		
lime	130		
shale	138		
red bed	141		
shale	156		
lime	179		
shale	198		
lime	206		
coal	270		
lime	272		
shale	280		
lime shale	331		
shale	340		
lime	428		
lime shale	460		
shale	478		
lime	520		
shale	525		
red bed	544		
shale	558		
lime	562		
shale	566		
top oil sand	576-579		
	579-582		
	582-585		
	585-588		
	588-591		
	591-594		

Carter A
BSI 3

	594-598
shale	597
stop drilling	660
casing pipe	625



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 31912

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
5/4/11	2579	Carter A #BSI-3	NW 17	18	21	FR
CUSTOMER <u>Enerjex Resources</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>10975 Grandview DR</u>			506	Fred	Safety Mtg	
CITY <u>Overland Park</u>			495	Casey	CK	
STATE <u>KS</u>			370	Arlen	ADP	
ZIP CODE <u>66210</u>			510	Cecil	CD	

JOB TYPE Long string HOLE SIZE 6 HOLE DEPTH 660 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 625' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 3.63 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Establish circulation. Mix + Pump 200# Premium Gel
Flush. Mix + Pump 117 sks 50/50 Poz Mix Cement 2% Gel
1/2" Pheno-Seal/sk. Cement to surface. Flush pump + lvs
clean. Displace 2 1/2" Rubber plug to casing TD w/ 3.63 BBLs
Fresh water. Pressure to 708# PSI. Hold pressure for
30 min MIT. Release pressure to set float valve.
Shut in casing

JTC Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	20 mi	MILEAGE		80 ⁰⁰
5402	625'	Casing footage		W/C
5407	1/2 Minimum	Ton Miles		165 ⁰⁰
5502C	1 1/2 hrs	80 BBL Vac Truck		135 ⁰⁰
1124	117 SKS	50/50 Poz Mix Cement		1222 ⁶⁵
1118B	397#	Premium Gel		79 ⁴⁰
1105A	59#	Pheno Seal		71 ²⁸
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
		W/O# 241227		
			7.8%	SALES TAX
				ESTIMATED
				TOTAL
				109 ³⁰
				2866 ³⁸

Ravin 3737

[Signature]

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 13, 2011

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

Re: ACO1
API 15-059-25552-00-00
Carter A BSI-CA3
NE/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