



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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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McGown Drilling, Inc.

Mound City, Kansas

Operator:

Enerjex Kansas, Inc.
Overland Park, Kansas

Well: Johnston BSI-JO 2
S-T-R 17-18S-21E
County: Franklin County, Kansas
API: 059-25594

Spud Date: 6/14/2011 **Surface Bit Size:** 11.25"
Surface Casing: 7" **Drill Bit Size:** 6.125"
Surface Length: 21.40'
Surface Cement: 10 sx 50/50 POZ by McGown Drilling

Driller's Log

Top	Bottom	Formation	Comments
0	4	Soil & Clay	
4	19	Lime	
19	107	Shale	
107	126	Lime	
126	154	Shale	
154	156	Lime	
156	166	Red Bed	
166	199	Shale	
199	215	Lime	
215	222	Shale	
222	255	Lime	
255	262	Shale	
262	283	Lime	
283	287	Shale with black shale	
287	301	Lime	
301	465	Big Shale	
465	480	Lime	
480	528	Shale	
528	539	Lime	
539	550	Shale	
550	552	Lime	
552	568	Shale	
568	574	Lime	
574	591	Shale	

591	593	Lime	
593	598	Shale	
598	603	Lime	
603	611	Shale	
		Muddy shale w/ sandy	
611	612.5	shale	Fair to light oil show
		Sand w/ small shale	Good oil show - 612.50 -
612.5	625	breaks	620 Very good bleed
625	628	Sandy shale	
628	718	Shale	
718	722	Lime	
722	824	Shale	
824	825	Coal	
825	861	Shale	

861 TD

Coring

Core Run	Footage	Recovery
1	612'-632'	16'

Long String: 6/17/2011
849.60' 2 7/8" EUE from yard racks



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 32630
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/23/11	2579	Johnston # BSI-J02	SE 17	18	21	FR
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Enerjex Resources Inc			506	Fred	Safety	Wdy
MAILING ADDRESS			368	Ken	KN	
10975 Grandview DR			370	Arlen	AP	
CITY	STATE	ZIP CODE	558	Gary	GM	
Overland Park	KS	66210				

JOB TYPE Longstring HOLE SIZE 6 1/8 HOLE DEPTH 870' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 852' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4.95 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Check casing depth w/ wireline. Mix Pump 100# Premium Gel
Flush Mix Pump 133 sks 70/30 Per Mix Cement 2% Gel 3% Salt
1/2" Pheno Seal/sk. Cement to surface. Flush pump + lines clean.
Displace 2 1/2" Rubber plug to casing TD w/ 4.95 BBL Fresh
Water. Pressure to 750# PSI. Hold pressure for 30 min MIT
Release pressure to set float valve. Shut in Casing

McGowan 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	852'	Casing footage		N/C
5407	Minimum	100 Miles		330 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck		180 ⁰⁰
1129	133 sks	70/30 Per Mix Cement		1609 ³⁰
118B	335#	Premium Gel		67 ⁰⁰
1111	270#	Granulated Salt		945 ⁰⁰
1107A	67#	Pheno Seal.		81 ⁷⁴
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
		WD # 242222		
		7.8%	SALES TAX	146 ⁶⁹
			ESTIMATED TOTAL	3592 ²³

Ravin 9737

J.P.

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

September 15, 2011

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

Re: ACO1
API 15-059-25594-00-00
Johnston BSI JO-2
SE/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