



Confidentiality Requested:

Yes No

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:

<input type="checkbox"/> New Well	<input type="checkbox"/> Re-Entry	<input type="checkbox"/> Workover
<input type="checkbox"/> Oil	<input type="checkbox"/> WSW	<input type="checkbox"/> SWD
<input type="checkbox"/> Gas	<input type="checkbox"/> D&A	<input type="checkbox"/> ENHR
<input type="checkbox"/> OG	<input type="checkbox"/> GSW	<input type="checkbox"/> Temp. Abd.
<input type="checkbox"/> CM (Coal Bed Methane)		
<input type="checkbox"/> Cathodic	<input type="checkbox"/> Other (Core, Expl., etc.): _____	

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

<input type="checkbox"/> Deepening	<input type="checkbox"/> Re-perf.	<input type="checkbox"/> Conv. to ENHR	<input type="checkbox"/> Conv. to SWD
<input type="checkbox"/> Plug Back	<input type="checkbox"/> Conv. to GSW	<input type="checkbox"/> Conv. to Producer	
<input type="checkbox"/> Commingled	Permit #: _____		
<input type="checkbox"/> Dual Completion	Permit #: _____		
<input type="checkbox"/> SWD	Permit #: _____		
<input type="checkbox"/> ENHR	Permit #: _____		
<input type="checkbox"/> 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

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: _____

1072810

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

Sec. _____ Twp. _____ S. R. _____ East West 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 <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 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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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> _____	PRODUCTION INTERVAL: _____ _____
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McGown Drilling, Inc.
Mound City, Kansas

Operator:
Enerjex Kansas, Inc.
Overland Park, KS

Carter A #BSI-CA22

Franklin Co, KS
17-18S-21E
API: 15-059-25761-00-00

Spud Date:	11/28/2011	Surface Bit:	11"
Surface Casing:	7"	Drill Bit:	5.625"
Surface Length:	21.75'	Longstring:	623.05'
Surface Cement:	4 sx	Longstring Date:	11/30/2011

Driller's Log

Top	Bottom	Formation	Comments
0	18	Soil & Clay	
18	60	Shale	
60	78	Lime	
78	149	Shale	
149	203	Lime	
203	208	Shale & BI Shale	
208	230	Lime	
230	234	BI Shale	
234	245	Lime	
245	391	Big Shale	
391	425	Lime	
425	476	Sand & shale	
476	480	Lime	
480	496	Shale	
496	500	Lime	
500	511	BI Shale & Shale	
511	538	Lime	
538	545	BI Shale & Shale	
545	548	Lime	
548	551	Shale	
551	559	Sand	Good Oil Show
559	562	Grey Sand	Light Oil Show
562	568	Sand & shale	Good Oil Show
568	635	Shale	
635		TD	



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 33160

LOCATION Ottawa KS

FOREMAN Fred Maden

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
12/2/11	2579	Carter "A" BSI CA-22	17	18	21	FR
CUSTOMER <u>Energizer Resources</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>10975 Grandview Dr</u>			506	FREMAD	Safety Mtg	
CITY <u>Overland Park</u>			368	ARLMcb		
STATE <u>KS</u>			370	CARMOD	GM	
ZIP CODE <u>66210</u>			548	KEICAR	KC	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 635 CASING SIZE & WEIGHT 2 7/8 50E
 CASING DEPTH 622 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 3.62 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish Circulation. Mix & Pump 100# Premium Gel Flush. Mix & Pump 91 SKS 70/30 Poz Mix Cement 2% Gel 5% Salt 1/2# Pheno Seal/sk Cement to Surface. Flush pump & lines clean. Displace 2 1/2" rubber plug to casing TD w/ 3.62 BBLs Fresh water. Pressure to 700# PSI. Hold pressure for 30 min MIT. Release pressure to set float valve. Shut in Casing.

MC Gann Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1030 ⁰⁰
5406	0	MILEAGE Truck on lease		N/C
5402	622	Casing Footage		N/C
5407	1/2 minimum	Ton Miles	548	175 ⁰⁰
5502C	1 1/2 hrs	80 BBL Vac Truck	370	135 ⁰⁰
1127	91 SKS	70/30 Poz Mix Cement		1155 ²⁰
1118B	260#	Premium Gel		54 ⁶⁰
1111	183#	Granulated Salt		68 ⁴⁵
1107A	46#	Pheno Seal		59 ³⁷
4402	1	2 1/2" Rubber plug		26 ⁰⁰
<u>246289</u>				
			7.8%	SALES TAX
				ESTIMATED TOTAL
				106 ⁵⁵
				2812 ⁶⁴

AUTHORIZATION J. L. 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

January 25, 2012

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

Re: ACO1
API 15-059-25761-00-00
Carter A BSI-CA22
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