



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

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: _____



1114754

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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DRILL LOG

Operator License# 33741

API # 15-059-26289-00-00

Operator Enerjex Kansas

Lease Name Egidy

Address 2038 S. Princeton St., Ste. B, Ottawa, KS

Well # BSP EG 13

Phone 785-241-2228

Spud Date 11/27/12 Cement 12/3/12

Contractor License # 32834

Contractor JTC Oil, Inc.

T.D 760 TD of Pipe 740

3 sacks cement

Surf. Pipe Size_7" Depth__22. Ft.

County Franklin

Thickness	Strata	From	To	Thickness	Strata	From	To
2	soil	0	2	9	shale	269	278
4	clay	2	6	29	lime	278	307
17	lime	6	23	11	black shale	307	318
29	shale	23	52	22	lime	318	340
26	lime	52	78	4	coal	340	344
04	shale	70	162	12	lime	344	356
18	lime	162	180	146	shale	356	502
26	shale	180	206	12	lime	502	514
7	lime	206	213	5	shale	514	519
3	shale	213	216	14	lime	519	533
3	red bed	216	219	50	shale	533	583
35	shale	219	254	8	lime	583	591

15	lime	254	269	7	shale	591	598
				6	black shale	598	604
				2	lime	604	606
				12	black shale	606	618
				12	lime	618	630
				9	lime/shale	630	639
				7	shale	639	646
				2	lime	646	648
				5	coal	648	653
				8	lime	653	661
				5	shale	661	666
	Broken			2	oil sand	666	668
				2	shale	668	670
	Good			2	oil sand	670	672
	Good			2	oil sand	672	674
	Good			2	oil sand	674	676
	Good			2	oil sand	676	678
	Good			2	oil sand	678	680
				2	shale	680	682
				54	shale	682	736
	No oil			1	sand	736	737
	No oil			1	mix sand	737	738

No oil	2	mix sand	738	740
	20	shale	740	760



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 38970

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
12/3/12	2579	Egidy # BSP-E 13	NW 20	18	21	FR
CUSTOMER Enerjex Resources Inc			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS 10975 Grandview Dr			506	Fred Mader	Safety Mtg	
CITY Overland Park	STATE KS	ZIP CODE 66210	495	Harbor	HB	
			369	DerMas	DM	
			548	Mikhae	MH	

JOB TYPE Long string HOLE SIZE 6" HOLE DEPTH 760' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 740' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4.3 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 53 PM

REMARKS: Establish pump rat. Mix + Pump 100# Gel Flush. Mix + Pump #13 sls 70/30 Por Mix Cement 2% Gel 5% Salt 1/2" Pheno Seal/sk. Cement to surface. Flush pump + lines clean. Displace 2" rubber plug to casing to pressure to 800 PSI. Release pressure to set float valve. Shut in casing.

ITC Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030.00
5406	-	MILEAGE		N/C
5402	740	Casing footage		N/C
5407	1/2 million	Ton Miles	548	175.00
5502C	2 hrs	80 BBL Vac Truck	369	180.00
1127	113 sls	70/30 Por Mix Cement		1435.10
11FB	299#	Premium Gel		62.29
1111	229#	Granulated Salt		84.23
1107A	57#	Pheno Seal		73.53
4402	1	2 1/2" Rubber Plug		28.00
			7.50	

Ravin 9787 AUTHORIZATION Tom Camby Phone TITLE _____ DATE _____
 SALES TAX 131.37
 ESTIMATED TOTAL 3200.52

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

255081