



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: _____



1115091

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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: <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
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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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DRILL LOG

Operator License# 33741

API # 15-059-26035-00-00

Operator Enerjex Kansas

Lease Name Carter B

Address 27 Corporate Woods, #350

Well # BSP CB 3

Phone 913-754-7754

Spud Date 11/13/12 Cement 11/15/12

Contractor License # 32834

Contractor JTC Oil, Inc.

T.D 680 TD of Pipe 653

3 sacks cement

Surf. Pipe Size_7"___ Depth_20ft___

County Franklin

<u>Thickness</u>	<u>Strata</u>	<u>From</u>	<u>To</u>	<u>Thickness</u>	<u>Strata</u>	<u>From</u>	<u>To</u>
1	soil	1	1	28	lime	215	243
28	lime	1	29	9	black shale	243	252
71	shale	29	100	22	lime	252	274
20	lime	100	120	4	coal	274	278
20	shale	120	140	12	lime	278	290
4	lime shale	140	144	35	shale	290	325
1	lime	144	145	16	sand	324	340
2	shale	145	147	98	shale	340	438
5	red bed	147	152	5	red bed	438	443
39	shale	152	191	9	shale	443	452
15	lime	191	206	14	lime	452	466
9	shale	206	215	10	shale	466	476

	16	Sand	476	492
	26	shale	492	518
	9	lime	518	527
	6	sand	527	533
	7	black shale	533	540
	2	lime	540	542
	11	black shale	542	553
	10	lime	553	563
	5	lime shale	563	568
	10	shale	568	577
	3	red bed	575	578
	2	lime	578	580
	2	coal	580	582
	3	lime	582	585
	5	shale	585	590
Very good	2	oil sand	590	592
Very good	2	oil sand	592	594
Very good	2	oil sand	594	596
Very good	2	oil sand	596	598
Good	2	oil sand	598	600
Oil	2	oil sand	600	602
Broken	2	oil sand	602	604

Ok	2	oil sand	604	606
	12	shale sand	606	628
	135	shale	628	663
No oil	4	oil sand	663	667
	13	shale	667	680



CONSOLIDATED
Oil Well Services, LLC

15-059-26030
ODPS ✓

TICKET NUMBER 35234

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
11/15/12	2579	Carter "B" BSP-CB3	NE 19	18	21	FR
CUSTOMER <u>Energix Resources Inc</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>10975 Grandview Dr.</u>			506	Frc Mad	Safety	WJ
CITY <u>Overland Park</u>			495	Har Bec	WB	
STATE <u>KS</u>			370	KuCar	KC	
ZIP CODE <u>66210</u>			510	Sof Tuc	ST	
JOB TYPE <u>Logging</u>	HOLE SIZE <u>6"</u>	HOLE DEPTH <u>680</u>	CASING SIZE & WEIGHT <u>2 7/8 EOG</u>			
CASING DEPTH <u>653</u>	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>2 1/2" Plug</u>			
DISPLACEMENT <u>3.8 BBL</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4 BPM</u>			

REMARKS: Establish pump rate. Mix + Pump 100# Gal Flush. Mix + Pump 100 sks 70/30 Por Mix Cement 2% Gel 5% Salt 1/2# Primo Seal/gal Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to casing to Pressure to 800# PSI. Release pressure to set float valve. Shut in casing.

JTC Drilling - Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030.00
5400	7 mi	MILEAGE	495	28.00
5402	653	Casing footage		N/C
5407	1/2 Minimum	Ten Miles	503	175.00
5502C	2 hrs	80 BBL Vac Truck.	370.00	180.00
1127	100 sks	70/30 Por Mix Cement		1270.00
118B	276 #	Premium Gel		57.96
1107A	50 #	Primo Seal		64.50
4402	1	2 1/2" Rubber Plugs	28.00	50.00
111	203 #	Granulated Salt		75.11
			7.50	
			SALES TAX	116.65
			ESTIMATED TOTAL	3025.22

RAVIN 3737 AUTHORIZATION [Signature] 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.

254(010)