



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: _____



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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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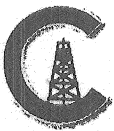
DRILL LOG

Operator License# 33741	API # 15-059-26024-00-00
Operator Enerjex Kansas	Lease Name Dreher
Address 27 Corporate Woods, #350	Well # BSI DR 17
Phone 913-754-7754	Spud Date 11/6/12 Cement 11/16/12
Contractor License # 32834	Contractor JTC Oil, Inc.
T.D 680 TD of Pipe 655	3 sacks cement
Surf. Pipe Size 7" ___ Depth 20ft ___	County Franklin

Thickness	Strata	From	To	Thickness	Strata	From	To
3	soil	0	3	17	lime	195	212
12	lime	3	15	8	shale	212	220
91	shale	15	106	14	lime	220	234
19	lime	106	125	3	shale	234	237
23	shale	125	148	15	lime	237	252
7	lime	148	155	6	black shale	252	258
10	red shale	155	165	20	lime	258	278
10	shale	165	175	2	shale	278	280
1	lime	175	176	3	coal	280	283
7	shale	176	183	9	lime	283	292
2	lime	183	185	48	shale	292	340
10	shale	185	195				

10	no oil sand	340	350
15	no oil sand/shale	350	369
60	shale	365	425
2	lime	425	427
5	shale	427	532
8	red bed	432	440
10	lime	440	450
8	shale	450	458
2	mix	458	460
12	lime	460	472
48	shale	472	520
12	lime	520	532
8	black shale	532	540
5	lime	540	545
18	shale	545	563
7	lime	563	570
10	mix	570	580
11	shale	580	591
3	lime	591	594
8	shale	594	602
2	little sand	602	604
2	little oil sand	604	606

2	little sand	606	608
2	shaley sand	608	610
2		610	612
8		612	620
50	shale	620	670
4	little oil sand	670	674
6	shale	674	680



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 35238

LOCATION Ottawa, KS

FOREMAN Fred Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/16/13	2579	Dreher BST-DR-17	NE 17	18	22	FR
CUSTOMER Enerjex Resources Inc						
MAILING ADDRESS 10975 Grandview Dr						
CITY Overland Park		STATE KS	ZIP CODE 66210			
JOB TYPE <u>long string</u>		HOLE SIZE <u>6"</u>	HOLE DEPTH <u>680</u>	CASING SIZE & WEIGHT <u>2 7/8 FUE</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>5 BPM</u>		

TRUCK #	DRIVER	TRUCK #	DRIVER
506	Fred Mad	Safety	Mt
495	Harv	HB	
370	KeiCar	KC	
510	SetTC	ST	

REMARKS: Establish Circulation. Mix Pump 100# Gel Flush. Mix Pump 1 SKs 70/30 Poz Mix Cement 290 Gal 5% Salt 1/2# Phenol Seal/sk. Cement to surface. Flush pump + nos clean. Displace 2 1/2" rubber plug to casing TD. Pressure to 800 #PSI. Hold + monitor pressure for 30 min MIT. 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		
5406	4 mi	MILEAGE	495	1030.00
5402	653	Casing footage	495	16.00
5407	1/2 minimum	Ton Miles		NK
5302c	2 hrs	80 BBL Vac Truck	510	175.00
			370	180.00
1127	8784s	70/30 Poz Mix Cement		
1118B	254#	Premium Gel		1104.80
1111	176#	Granulated Salt		53.39
1107A	44#	Pheno Seal		65.13
4402	1	2 1/2" Rubber Plug		56.76
				28.00
			7.89	
		SALES TAX		102.03
		ESTIMATED TOTAL		2811.15

Ravin 3737

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.