



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> _____ <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

Thoele South BSI-TS 1
Franklin Co, KS
29-18S-21E
API # 059-26094

Spud Date:	8/7/2012	Surface Bit:	9.875"
Surface Casing:	7"	Drill Bit:	5.875"
Surface Length:	21.0'	Longstring:	751.80'
Surface Cement:	4 sx	Longstring Date:	8/8/2012

Driller's Log

Top	Bottom	Formation	Comments
0	3	Soil	
3	5	Lime	
5	20	Shale	
20	46	Lime	
46	127	Shale	
127	146	Lime	
146	171	Shale	
171	175	Lime	
175	218	Shale	
218	320	Lime	
320	471	Big Shale	
471	475	Lime	
475	485	Shale	
485	502	Lime	
502	552	Shale & Sand	
552	559	Lime	
559	573	Shale	
573	576	Lime	
576	593	Shale	
593	604	Lime	
604	616	Shale	
616	629	Lime	
629	634	Lime	Oil Show
634	636	Coal	
636	642	Shale	
642	650	Sand	Grey - no show

Thoele South BSI-TS 1
Franklin Co., KS

650	703	Shale	
703	715	Sand	Good oil show
715	762	Shale	
762	TD		



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 37562
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
8/13/12	2579	Thatta # BSI-TS-1	NW 29	18	21	FR	
CUSTOMER		MAILING ADDRESS					
Enerjex Resources Inc		10579 Grandview Dr					
CITY		STATE	ZIP CODE				
Overland Park		KS	66210				
JOB TYPE	Long string	HOLE SIZE	5 7/8	HOLE DEPTH	762	CASING SIZE & WEIGHT	2 1/8 EUE
CASING DEPTH	7510	DRILL PIPE		TUBING		OTHER	
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING	2 1/2" Plug
DISPLACEMENT	4.37 BBL	DISPLACEMENT PSI		MIX PSI		RATE	4.3 BPM

TRUCK #	DRIVER	TRUCK #	DRIVER
506	Fred Mad	Safety	Mud
666	Garmon	GM	
675	Kai Det	KD	
540	Garmon	Safety	ST

REMARKS: Establish pump rate. Mix Pump 100 * Gel Flush. Mix Pump 94 sks 70/30 Por 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. Pressure to 800 PSI. Release pressure to set float valve. (Hold pressure for 30 min MIT) Show in casing.

McGowan Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	666	1030 ⁰⁰
5406	-	MILEAGE		N/C
5402	751	Casing footage		N/C
5407	1/2 minimum	100 Miles	510	175 ⁰⁰
55020	1/2	80 BBL Vac Truck	675	135 ⁰⁰
1127	945 SKS	70/30 Por Mix Cement		1193 ⁸⁰
1118B	266 #	Premium Gel		55 ⁸⁰
1111	191 #	Granulated Salt		70 ⁶⁷
1107A	47 #	Pheno Seal		60 ⁶³
4402	1	2 1/2" Rubber Plug		25 ⁰⁰
			7.82	

completed

SALES TAX ESTIMATED TOTAL 109⁹⁰
TOTAL 2858⁸⁰

AUTHORIZATION Bruce Buddh TITLE _____ DATE _____

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.

252083