



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: _____



1124276

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 # 15-059-26089-00-00

Operator Enerjex Kansas

Lease Name Carter B

Address 27 Corporate Woods, #350

Well # BSI CB 15

Phone 913-754-7754

Spud Date 11/17/12 Cement 11/20/12

Contractor License # 32834

Contractor JTC Oil, Inc.

T.D 680 TD of Pipe 645

3 sacks cement

Surf. Pipe Size 7" Depth 20ft

County Franklin

Thickness	Strata	From	To	Thickness	Strata	From	To
2	soil	0	2	20	lime	250	270
24	lime	2	26	2	shale	270	272
71	shale	26	47	3	coal	272	275
19	lime	97	116	12	lime	275	287
26	shale	116	142	160	shale	287	447
2	lime	142	144	15	lime	447	462
2	shale	144	146	49	shale	462	511
5	red bed	146	151	13	lime	511	524
32	shale	151	187	7	shale	524	531
14	lime	187	201	2	black shale	531	533
10	shale	201	211	2	lime	533	535
30	lime	211	241	11	black shale	535	546

9	black shale	241	250	12	lime	546	558
				12	shale	558	570
				2	lime	570	572
				2	coal	572	574
				4	lime	574	578
				6	shale	578	584
	V good			3	oil sand	584	587
	V good			3	oil sand	587	590
	V good			3	oil sand	590	593
	V good			3	oil sand	593	596
	Good			2	oil sand	596	598
				82	shale	598	680



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

TICKET NUMBER 38918

LOCATION Ottawa KS

FOREMAN Fred Mader

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/20/12	2579	Carter "B" BSI-CB-15	NW 18	18	21	FR
CUSTOMER <u>Enerjet Resources Inc</u>			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS <u>10975 Grandview Dr</u>			506	Fred Mader	Safety	MTG
CITY <u>Overland Park</u>	STATE <u>KS</u>	ZIP CODE <u>66210</u>	495	Har Bee	HA	2
JOB TYPE <u>hang string</u>	HOLE SIZE <u>6"</u>	HOLE DEPTH <u>680</u>	369	Der Mas	DM	
CASING DEPTH <u>645</u>	DRILL PIPE	TUBING	510	Set Tue	ST	
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>2 1/2" Plug</u>			
DISPLACEMENT <u>3.75 BBL</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>5 BPM</u>			

REMARKS: Establish pump rate. Mix + Pump 100* Gal Flush. Mix Pump 103 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. Pressure to 800* PSI. Hold + Monitor pressure for
30 min MLT. Release pressure to set float valve. Shut in
casing.

JTC 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	645	Casing footage		N/C
5407	1/2 minimum	Ton Miles	510	175 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck	369	180 ⁰⁰
1127	103 SKS	70/30 Poz Mix Cement		1308 ¹⁰
1118B	282*	Premium Gel		59 ²²
1111	209*	Granulated Salt		77 ³³
1107A	52*	Pheno Seal		67 ⁴⁸
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
SCANNED				
7.8%				SALES TAX ESTIMATED TOTAL
				120 ¹⁰
				3044.83

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.