



# CONFIDENTIAL

## OIL & GAS CONSERVATION DIVISION

### WELL COMPLETION FORM

#### WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

OPERATOR: License # 33741  
 Name: Energex Kansas, Inc.  
 Address 1: 27 CORPORATE WOODS, STE 350  
 Address 2: 10975 GRANDVIEW DR  
 City: OVERLAND PARK State: KS Zip: 66210 +  
 Contact Person: Marcia Littell  
 Phone: ( 913 ) 754-7740  
 CONTRACTOR: License # 32834  
 Name: JTC Oil, Inc.  
 Wellsite Geologist: NA  
 Purchaser: Coffeyville Resources

API No. 15 - 15-059-25533-00-00

Spot Description: \_\_\_\_\_  
 SW NW NW Sec. 17 Twp. 18 S. R. 21  East  West  
4,690 Feet from  North /  South Line of Section  
5,070 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW

County: Franklin  
 Lease Name: Needham Well #: BSP-3

Field Name: Paola-Rantoul  
 Producing Formation: Squirrel

Elevation: Ground: 995 Kelly Bushing: 0  
 Total Depth: 680 Plug Back Total Depth: 660

Amount of Surface Pipe Set and Cemented at: 20 Feet  
 Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet  
 If Alternate II completion, cement circulated from: 660  
 feet depth to: \_\_\_\_\_ w/ 102 sx cmt.

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 #: \_\_\_\_\_

<u>02/11/2011</u>	<u>2/22/2011</u>	<u>03/21/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

#### Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls  
 Dewatering method used: Evaporated

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	
<input checked="" type="checkbox"/> Letter of Confidentiality Received	Date: <u>04/08/2011</u>
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III Approved by: <u>NAOMI JAMES</u> Date: <u>04/12/2011</u>	