



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

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

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33741

Name: Enerjex 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) 754-7754

CONTRACTOR: License # 32834

Name: JTC Oil, Inc.

Wellsite Geologist: NA

Purchaser: Coffeyville Resources

Designate Type of Completion:

- Checkboxes for completion types: 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:

- Checkboxes for completion details: Deepening, Re-perf., Conv. to ENHR, Conv. to SWD, Conv. to GSW, Plug Back, Commingled, Dual Completion, SWD, ENHR, GSW with Permit # fields

Table with 3 columns: Spud Date or Recompletion Date, Date Reached TD, Completion Date or Recompletion Date. Values: 06/09/2011, 06/14/2011, 07/06/2011

API No. 15 - 15-059-25644-00-00

Spot Description:

NE SW NE NW Sec. 17 Twp. 18 S. R. 21 East West

4337 Feet from North / South Line of Section

3509 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- Checkboxes for corner footages: NE, NW, SE, SW

County: Franklin

Lease Name: Carter A Well #: BSI-CA14

Field Name: Paola-Rantoul

Producing Formation: Squirrel

Elevation: Ground: 981 Kelly Bushing: 0

Total Depth: 660 Plug Back Total Depth: 635

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: 635

feet depth to: w/ 96 sx cmt.

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

- Checkboxes for office use: Letter of Confidentiality Received, Confidential Release Date, Wireline Log Received, Geologist Report Received, UIC Distribution, ALT I II III Approved by: NAOMI JAMES Date: 07/18/2011