



KANSAS CORPORATION COMMISSION 1058210

Form ACO-1
June 2009

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: 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) 754-7754
 CONTRACTOR: License # 32834
 Name: JTC Oil, Inc.
 Wellsite Geologist: NA
 Purchaser: Coffeyville Resources

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>05/12/2011</u>	<u>05/24/2011</u>	<u>06/14/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25573-00-00

Spot Description: _____

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

5115 Feet from North / South Line of Section

1610 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Franklin

Lease Name: Carter A Well #: BSP-CA13

Field Name: Paola-Rantoul

Producing Formation: Squirrel

Elevation: Ground: 926 Kelly Bushing: 0

Total Depth: 700 Plug Back Total Depth: 665

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: 665

feet depth to: _____ w/ 91 sx cml.

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

- Letter of Confidentiality Received
 Date: 06/22/2011
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 06/23/2011