

**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 FilledOPERATOR: License # 33741Name: Energex Kansas, Inc.Address 1: 27 CORPORATE WOODS, STE 350Address 2: 10975 GRANDVIEW DRCity: OVERLAND PARK State: KS Zip: 66210 +Contact Person: Marcia LittellPhone: (913) 754-7740CONTRACTOR: License # 32834Name: JTC Oil, Inc.Wellsite Geologist: NAPurchaser: Coffeyville Resources

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
- 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>03/24/2011</u> | <u>03/31/2011</u> | <u>04/25/2011</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-121-28867-00-00

Spot Description: _____

NE SE NW SE Sec. 1 Twp. 18 S. R. 21 East West1800 Feet from North / South Line of Section1485 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

 NE NW SE SWCounty: MiamiLease Name: Howell Gorges Well #: BSP-4

Field Name: _____

Producing Formation: SquirrelElevation: Ground: 884 Kelly Bushing: 0Total Depth: 580 Plug Back Total Depth: 565Amount of Surface Pipe Set and Cemented at: 20 FeetMultiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 565feet depth to: _____ w/ 95 sx cmt.**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bblsDewatering 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: 05/11/2011
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 10/28/2011