



KANSAS CORPORATION COMMISSION 1068303
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

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 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>07/20/2011</u>	<u>08/09/2011</u>	<u>09/12/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25578-00-00
Spot Description: NW SE NW NE
NW SE NW NE Sec. 17 Twp. 18 S. R. 21 East West
4559 Feet from North / South Line of Section
1863 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 #: BSI-CA9
Field Name: Paola-Rantoul
Producing Formation: Squirrel
Elevation: Ground: 950 Kelly Bushing: 0
Total Depth: 680 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: 0 w/ 92 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

Letter of Confidentiality Received
Date: 11/18/2011
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garcia Date: 11/21/2011



1068303

Operator Name: Energex Kansas, Inc. Lease Name: Carter A Well #: BSI-CA9
 Sec. 17 Twp. 18 S. R. 21 East West County: Franklin

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 Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray Neutron	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum NA
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CASING RECORD <input checked="" 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
Surface	8.625	6.50	23.0	20	Portland	3	
Production	6.25	2.875	5.8	635	70/30 Poz	92	2% Cel. 5% Sal. 1/2# Pheno Sea

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
3	588-605' 53 Perfs	250 Gal. 16% HCL Acid	588-605'

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls. Gas-Oil Ratio Gravity

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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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JTC Oil, Inc.

Drillers Log Carter A .BSI CA 9

API # 15-059-25578-00-00

Cement Amounts

Surface Date 7/20/2011 20 ft. 6.5

3 sacks

Cement Date 8/9/2011

Well Depth 680

Casing Depth 635

Drillers Log

.top soil	0
lime	3
shale	9
lime	101
shale	125
lime	140
shale	147
red bed	149
shale	157
lime	190
shale	199
lime	201
shale	210
lime	215
shale	293
lime	437
shale	446
lime	450
shale	466
lime	514
shale	523
lime	534
shale	536
top soil	586-590 good
	590-594 v good
	594-598 mix-lime-good
	598-602 v. good
	602-605 good
	605-608 shale
shale	605
stop drillin	680
casing pipe	635



CONSOLIDATED
OILFIELD SERVICES, LLC

TICKET NUMBER **32746**
LOCATION **Ottawa KS**
FOREMAN **Fred Maden**

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8876

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/9/11	2579	Carter A. BSZ-CA9	NW 17	18	21	FR
CUSTOMER			TRUCK#			
Enerjex Resources Inc			506	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS			368	FREEMAN	Safety Mfg	
10975 Grandview DR			369	KENHAM	TH	
CITY			510	DERMAS	DM	
STATE			BARMOO			
ZIP CODE			GN			
Overland Park						
KS						
66210						

JOB TYPE Logging HOLE SIZE 6" HOLE DEPTH 640' CASING SIZE & WEIGHT 2 1/2" EUE
 CASING DEPTH 639' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2' Plug
 DISPLACEMENT 3.67 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Check casing depth w/ wire line. Establish circulation. Mix + Pump 100# Premium Gel Flush + Mix + Pump 92 sks 70/30 Por Mix Cement 262# Gel 570 Salt 1/2# Pheno Seal/sks. Cement to Surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug in casing. TD w/ 3:67 BBLs Fresh water. Pressure to 750# PSI. Hold pressure for 30 Min. MIT. Release pressure to set float valve. Shut in casing.

JTC Drilling Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	-0.	MILEAGE Truck on lease		N/C
5402	635	Casing footage		N/C
5407	1/2 Minimum	Ton miles		165 ⁰⁰
5502C	1 1/2 hrs	80 BBL Vac Truck		135 ⁰⁰
1127	92 sks	70/30 Por Mix Cement		1113 ²⁰
118B	262#	Premium Gel		52 ⁴⁰
111	187#	Granulated Salt		65 ⁴⁵
1107A	46#	Pheno Seal		56 ¹²
4402	1	2 1/2" Rubber Plug		28 ⁰⁹
		# 243330		
		7.8%	SALES TAX	102 ⁵⁷
			ESTIMATED TOTAL	2692 ⁷⁶

Rev'n 3737 AUTHORIZATION [Signature] 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.

Conservation Division
Finney State Office Building
130 S. Market, Rm. 207B
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

November 18, 2011

Marcia Littell
Enerjex Kansas, Inc.
27 CORPORATE WOODS, STE 350
10975 GRANDVIEW DR
OVERLAND PARK, KS 66210

Re: ACO1
API 15-059-25578-00-00
Carter A BSI-CA9
NE/4 Sec.17-18S-21E
Franklin County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Marcia Littell

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

November 21, 2011

Marcia Littell
Enerjex Kansas, Inc.
27 CORPORATE WOODS, STE 350
10975 GRANDVIEW DR
OVERLAND PARK, KS 66210

Re: ACO-1
API 15-059-25578-00-00
Carter A BSI-CA9
NE/4 Sec.17-18S-21E
Franklin County, Kansas

Dear Marcia Littell:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 07/20/2011 and the ACO-1 was received on November 18, 2011 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department