

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION CONFIDENTIAL

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                |                            | APł No. 15 - 15-059-25764-00-00  |
|--|----------------------------|--|
| Name: Enerjex Kansas, Inc.               |                            | Spot Description: NW SE SW NE  |
| Address 1: _ 27 CORPORATE WOODS, STE 350 |                            | NW_SE_SW_NE Sec. 17 Twp. 18 S. R. 21 Fast West                               |
| Address 2:10975 GRANDVIEW DR             |                            | 3205 Feet from ☐ North / 🗹 South Line of Section                             |
| City: OVERLAND PARK State:               |                            |  |
| Contact Person: Marcia Littell           |                            | Footages Calculated from Nearest Outside Section Corner:                     |
| Phone: ( 913 ) 754-7754                  |                            | □ NE □ NW ☑ SE □ SW  |
| CONTRACTOR: License # 32834              |                            | County: Franklin   |
| 470 OF L.                                |                            | Lease Name: Carter A Well #: BSI-CA20  |
| ALA                                      |                            | Field Name: Paola-Rantoul  |
| Purchaser: Coffeyville Resources         |                            | Producing Formation: Squirrel  |
| Designate Type of Completion:            |                            | Elevation: Ground: 934 Kelly Bushing: 0                                      |
| ✓ New Well Re-Entr                       | v                          | Total Depth: 620 Plug Back Total Depth: 595                                  |
|  |                            | Amount of Surface Pipe Set and Cemented at: 20 Feet                          |
|  | SWD SIOW SIGW              | Multiple Stage Cementing Collar Used? ☐ Yes ☑ No                             |
|  | GSW Temp. Abd.             | If yes, show depth set:Feet  |
| CM (Coal Bed Methane)                    | , comprise                 | If Alternate II completion, cement circulated from: 595                      |
|  | ol., etc.):                | feet depth to: 0 w/ 93 sx cmt  |
| If Workover/Re-entry: Old Well Info as   | follows:                   | teet depth to: sx cint   |
| Operator:                                |                            |  |
| Well Name:                               |                            | Drilling Fluid Management Plan (Date must be collected from the Reserve Pit) |
| Original Comp. Date:                     |                            |  |
| •  | Conv. to ENHR Conv. to SWD | Chloride content: 0 ppm Fluid volume: 0 bbls                                 |
| <del></del>                              | Conv. to GSW               | Dewatering method used: Evaporated   |
| Plug Back:                               | <del></del>                | Location of fluid disposal if hauled offsite:                                |
|  | ermit #:                   | Operator Name:   |
| Dual Completion Pe                       | ermit #:                   | Lease Name: License #:   |
| SWD Pe                                   | ermit #:                   |  |
| ENHR Pe                                  | ermit #:                   | QuarterSecTwpS. REast West   |
| ☐ GSW Pe                                 | ermit #:                   | County: Permit #:  |
| 11/30/2011 12/2/2011                     | 1/17/2012                  |  |
| Spud Date or Date Reacher                | d TD Completion Date or    |  |

## 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. 01/26/2012 |
| Confidential Release Date: |  |
|                            | Wireline Log Received                                |
|                            | Geologist Report Received                            |
|                            | UIC Distribution                                     |
|                            | ALT I I II Approved by: NAOMI JAMES Date: 01/27/2012 |