



KANSAS CORPORATION COMMISSION 1073232
 OIL & GAS CONSERVATION DIVISION

Form ACO-1
 June 2009
 Form Must Be Typed
 Form must be Signed
 All blanks must be Filled

CONFIDENTIAL
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 #: _____

11/11/2011	11/17/2011	12/12/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25754-00-00
 Spot Description: SW SE NW NE
SW SE NW NE Sec. 17 Twp. 18 S. R. 21 East West
4030 Feet from North / South Line of Section
1860 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-CA21
 Field Name: Paola-Rantoul
 Producing Formation: Squirrel
 Elevation: Ground: 938 Kelly Bushing: 0
 Total Depth: 660 Plug Back Total Depth: 620
 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: 620
 feet depth to: 0 w/ 91 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: 01/31/2012

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 02/02/2012