



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>11/9/2011</u>	<u>11/16/2011</u>	<u>12/16/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25769-00-00

Spot Description: NE NW SW NE

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

3700 Feet from North / South Line of Section

2190 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-CA26

Field Name: Paola-Rantoul

Producing Formation: Squirrel

Elevation: Ground: 936 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/ 90 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: 02/20/2012
 - Confidential Release Date: _____
 - Wireline Log Received
 - Geologist Report Received
 - UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 02/21/2012