



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM

Form Must Be Typed Form must be Signed All blanks must be Filled

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33741 Name: Enerjex 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: [X] New Well [] Re-Entry [] Workover [] Oil [] WSW [] SWD [] SIOW [] Gas [] D&A [X] 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 #:

12/9/2011 12/12/2011 01/19/2012 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-059-25750-00-00 Spot Description: NW NE SE NW NW NE SE NW Sec. 17 Twp. 18 S. R. 21 [X] East [] West 3850 Feet from [] North [X] South Line of Section 3150 Feet from [X] East [] West Line of Section

Footages Calculated from Nearest Outside Section Corner: [] NE [] NW [X] SE [] SW

County: Franklin Lease Name: Carter A Well #: BSI-CA17

Field Name: Paola-Rantoul Producing Formation: Squirrel

Elevation: Ground: 966 Kelly Bushing: 0 Total Depth: 640 Plug Back Total Depth: 625 Amount of Surface Pipe Set and Cemented at: 20 Feet Multiple Stage Cementing Collar Used? [] Yes [X] No If yes, show depth set: Feet If Alternate II completion, cement circulated from: 625 feet depth to: 0 w/ 86 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

[X] Letter of Confidentiality Received Date: 04/05/2012 [] Confidential Release Date: [X] Wireline Log Received [] Geologist Report Received [X] UIC Distribution ALT [] I [X] II [] III Approved by: NAOMI JAMES Date: 04/09/2012