

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1082121

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 #3 | 3741 | | API No. 15 - 15-059-25928-00-00 |
|---|-----------------------|---|---|
| Name: Enerjex Kansas, Inc. | | | Spot Description: |
| Address 1: 27 CORPORATE WOODS, STE 350 | | | NW NW NW SE Sec. 17 Twp. 18 S. R. 21 FEast West |
| Address 2: 10975 GRAND | | | |
| City: OVERLAND PARK State: KS Zip: 66210 + | | | 2340 Feet from ☐ East / ☐ West Line of Section |
| Contact Person: Marcia Lit | | | Footages Calculated from Nearest Outside Section Corner: |
| Phone: (913) 754-77 | 754 | | □ne □nw ☑se □sw |
| CONTRACTOR: License #_ | 32834 | | County: Franklin |
| ITO 011 1 | | | Lease Name: Russell Well #: BSI-RL13 |
| Wellsite Geologist: NA | | | Field Name: Paola-Rantoul |
| Purchaser: | | | Producing Formation: Squirrel |
| Designate Type of Completion | | | Elevation: Ground: 951 Kelly Bushing: 0 |
| New Well Re-Entry Workover | | | Total Depth: 680 Plug Back Total Depth: 662 |
| ☐ Oil ☐ W\$W | | ☐ SIOW | Amount of Surface Pipe Set and Cemented at: 20 Feet Multiple Stage Cementing Collar Used? Yes No |
| □ og | ☐ GSW | Temp. Abd. | If yes, show depth set: Feet |
| CM (Coal Bed Methane | 9) | | If Alternate II completion, cement circulated from: 662 |
| Cathodic Other (Core, Expl., etc.): | | | feet depth to: 0 w/ 94 sx cmt. |
| If Workover/Re-entry: Old W | /ell Info as follows: | | |
| Operator: | ············· | | D. W. C. I. I. A. A |
| Well Name: | | allera | Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) |
| Original Comp. Date: Original Total Depth: | | | Chloride content: 0 ppm Fluid volume: 0 bbls |
| ☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD | | | Dewatering method used: Evaporated |
| | Conv. to | GSW | Dewatering method used: |
| Plug Back: Plug Back Total Depth | | | Location of fluid disposal if hauled offsite: |
| Commingled Permit #: | | | Operator Name: |
| Dual Completion | Permit #: | | Lease Name: License #: |
| SWD | Permit #: | | Quarter Sec TwpS. R |
| ☐ ENHR | | , | County: Permit #: |
| ☐ GSW | | | County. |
| | 3/16/2012 | 04/20/2012 | |
| Spud Date or Date Recompletion Date | te Reached TD | Completion Date or Recompletion Date | |

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promutgated 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: 05/22/2012 | _ | | | |
| Confidential Release Date: | - | | | |
| ☑ Wireline Log Received | | | | |
| Geologist Report Received | | | | |
| ✓ UIC Distribution | _ | | | |
| ALT I I II Approved by: NAOMI JAMES Date: 05/22/201 | - | | | |