



**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 # 5786  
 Name: McGown Drilling, Inc.  
 Wellsite Geologist: NA  
 Purchaser: Coffeyville Resources

API No. 15 - 15-059-25970-00-00  
 Spot Description: SW SW SW SW  
SW SW SW SW Sec. 17 Twp. 18 S. R. 21  East  West  
165 Feet from  North /  South Line of Section  
5000 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-CA53  
 Field Name: Paola-Rantoul  
 Producing Formation: Squirrel  
 Elevation: Ground: 997 Kelly Bushing: 0  
 Total Depth: 702 Plug Back Total Depth: 683  
 Amount of Surface Pipe Set and Cemented at: 22 Feet  
 Multiple Stage Cementing Collar Used?  Yes  No  
 If yes, show depth set: \_\_\_\_\_ Feet  
 If Alternate II completion, cement circulated from: 683  
 feet depth to: 0 w/ 105 sx cmt.

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>04/11/2012</u>	<u>04/13/2012</u>	<u>05/04/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

**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: 05/24/2012

Confidential Release Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT  I  II  III Approved by: NAOMI JAMES Date: 05/24/2012