



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

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 #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1058202

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Well Refined Drilling Company, Inc.

4230 Douglas Road - Thayer, KS 66776

Contractor License # 33072 - FEIN # 48-1248553

Office - 620-839-5581; Jeff Pocket - 620-432-6170; Fax - 620-839-5582

Rig #:	2	License # 9313
API #:	15-037-22163-0000	
Operator:	James D. Lorenz	
Address:	543A 22000 Road	
	Cherryvale, KS 67335 - 8515	



S19	T30S	R22E
Location:	SE,SE,NE,NW	
County	Crawford - KS\	

				Gas Tests			
Well #:	4A	Lease Name:	Amershek II	Depth	Oz.	Orifice	flow - MCF
Location:	4125	FSL		105		No Flow	
	2805	FEL		130		No Flow	
Spud Date:		3/23/2011		230		No Flow	
Date Completed:		3/24/2011	TD: 370'	280		No Flow	
Geologist:				305		No Flow	
Driller:		Josiah Kephart		330		No Flow	
Casing Record		Surface	Production	370		No Flow	
Hole Size		12 1/4"	6 3/4"				
Casing Size		8 5/8"					
Weight							
Setting Depth		22'					
Cement Type		Portland					
Sacks		4					
Feet of Casing							
11LC-032411-R2-010-Amershek II 4A - James D. Lorenz							

Well Log

Top	Bottom	Formation	Top	Bottom	Formation	Top	Bottom	Formation
0	1	overburden	222	223	blk shale	370		Total Depth
1	4	clay	223	227	shale			
4	6	shale	227	228.5	coal			
6	8	blk shale	228.5	239	shale			
		wet	239	241	blk shale			
0	61	shale	241	243	coal			
61	62.5	coal	243	277	shale			
62.5	77	shale	277	281	sandy shale			
77	90	lime			odor			
90	91	shale	281	313	sand			
91	93	blk shale			strong odor			
93	100	shale	291	294	less odor			
100	112	lime	294	302	strong odor			
112	113	shale			bleeding			
113	115	blk shale	302		less odor			
115	218	shale	313	314	shale			
218	219	lime	314	315.5	coal			
219	222	shale	315.5	370	shale			

Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 66720

Date	Invoice #
4/6/2011	45349

Cement Treatment Report

Lorotta Oil, LLC
543A 22000 Road
Cherryvale, KS 67335

(x) Landed Plug on Bottom at 900 PSI
 () Shut in Pressure
 (x) Good Cement Returns
 () Topped off well with _____ sacks
 (x) Set Float Shoe

TYPE OF TREATMENT: Production Casing
 HOLE SIZE: 6 1/2"
 TOTAL DEPTH: 360

Well Name	Terms	Due Date		
	Net 15 days	4/6/2011		
Service or Product	Qty	Per Foot Pricing/Unit Pricing	Amount	
Run and cement 2 7/8"	354	4.00	1,416.00	
Sales Tax		7.30%	0.00	

Amershack A-4
Crawford County
Section:
Township:
Range:

Total	\$1,416.00
Payments/Credits	\$0.00
Balance Due	\$1,416.00

Hooked onto 2 7/8" casing. Established circulation with 2.5 barrels of water, 1 GEL, 1 METSO, COTTONSEED ahead, blended 54 sacks of OWC, dropped rubber plug, and pumped 2 barrels of water

pd 4/11/11
ck# 1014
\$13492.