



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

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: _____



1085552

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Lone Jack Oil Company

Blue Mound, KS

1-913-756-2307 1-620-363-0492

Lease: Rourk Operator: Jim Rickerson API #: 15-001-30388-00-00

Contractor: Lone Jack Oil Date Started: 6/11/12 Date Completed: 6/13/12

Total Depth: 691 Well # 5 Hole Size: 5 5/8

Surface Pipe: 20' 7" Surface Bit: 9 7/8 Sacks of Cement: 5

Depth of Seat Nipple: _____ Rag Packer At: _____

Length and Size of Casing: 670' 2 3/8 Sacks of Cement: 95

Legal Description: SE SW NE NE Sec: 30 Twp: 24S Range: 19E County: Allen

Thickness	Depth	Type of Formation	Core Thickness	Depth	Time
4	4	Clay			
37	41	Shale			
44	85	Lime			
5	89	Shale			
1	90	Lime			
37	127	Shale			
11	138	Lime			
35	173	Shale "Black"			
63	236	Lime			
4	240	Shale			
3	243	Lime			
3	246	Shale			
18	264	Lime			
7	271	Shale			
4	275	Lime			
5	279	Shale			
21	300	Lime			
173	473	Shale			
10	483	Lime			
1	484	Shale			
1	485	Lime			
13	498	Shale			
10	508	Lime			
65	573	Shale			
32	605	Lime			
5	610	Shale			
1	611	Lime			
26	637	Shale			
21	658	Lime			
8	666	Shale			
4	670	Lime			
1	671	Slight Odor			
6	677	Show of Oil "Good Bleed"			
5	682	Oil Sand "Good Bleed"			
9	691	Shale			
	691	TD			

Lone Jack Oil Company
509 East Walnut
Blue Mound, KS 66010

Invoice

Date	Invoice #
6/18/2012	1468

Bill To
Jim Rickerson Box 3 Iola, KS 66749

		P.O. No.	Terms	Project
			Due on receipt	
Quantity	Description	Rate		Amount
	Rourk #5			
1	6/13/12, Well #5, circulated 95 sacks of cement to surface, pumped 104 gallons of water behind cement and shut in.	700.00		700.00T
1	water truck	100.00		100.00T
	Sales Tax	7.55%		60.40
Thank you for your business.		Total		\$860.40

PAYLESS CONCRETE PRODUCTS, INC.

P.O. BOX 664
 802 N. INDUSTRIAL RD.
 IOLA, KS 66749

INVOICE

Invoice Number: 31822
 Invoice Date: Jun 13, 2012
 Page: 1

Duplicate

Voice: 620-365-5588
 Fax:

Bill To:
 CASH FOR C.O.D.'S
 802 N. INDUSTRIAL RD.
 IOLA, KS 66749

Ship to:
 RANDI OIL
 P.O. BOX 3
 IOLA, KS 66749

Customer ID	Customer PO	Payment Terms	
CASH/C.O.D.	RANDI OIL/ROURK#5	C.O.D.	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	TRUCK		6/13/12

Quantity	Item	Description	Unit Price	Amount
95.00	CEMENT/WATER	CEMENT & WATER PER BAG MIX	5.10	484.50
95.00	MH	MIXING & HAULING	2.50	237.50
1.00	TRUCKING	TRUCKING CHARGE	50.00	50.00

Subtotal	772.00
Sales Tax	58.29
Total Invoice Amount	830.29
Payment/Credit Applied	
TOTAL	830.29

Check/Credit Memo No: