



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: _____



1099313

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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Form	ACO1 - Well Completion
Operator	JAG Operations, Inc.
Well Name	Rohleder 2
Doc ID	1099313

Tops

Name	Top	Datum
Anhydrite	974	+950
Topeka	2819	-895
Heebner	3043	-1119
Toronto	3064	-1140
Lansing	3095	-1171
BKC	3321	-1395
Arbuckle	3349	-1425
TD	3417	-1493

QUALITY WELL SERVICE, INC.

5625

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Heath's Cell 620-727-3410
Office / Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	8-15-12	Sec.	34	Twp.	13	Range	15	County	Russell	State	KS	On Location		Finish	5:45-6:15pm	
Lease	Shohleder		Well No.		2		Location									5 W of Russell 1/4 N Winto
Contractor	Southwind #2							Owner								
Type Job	Surface							To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.								
Hole Size	12 1/4		T.D.		212		Charge To									JAG
Csg.	8 5/8		Depth		212		Street									
Tbg. Size			Depth				City									State
Tool			Depth				The above was done to satisfaction and supervision of owner agent or contractor.									
Cement Left in Csg.	20 ea		Shoe Joint				Cement Amount Ordered									150sr com 3%CC 2%gd
Meas Line			Displace		12.5											
EQUIPMENT																
Pumptrk	No.	8		Coaly		Common		150								
Bulktrk	No.	9		mize		Poz. Mix										
Bulktrk	No.					Gel.		3								
Pickup	No.					Calcium		5								
JOB SERVICES & REMARKS																
Rat Hole								Hulls								
Mouse Hole								Salt								
Centralizers								Flowseal								
Baskets								Kol-Seal								
D/V or Port Collar								Mud CLR 48								
Ran 5 Jts of 8 5/8 casing and landing jt							CFL-117 or CD110 CAF 38									
							Sand									
							Handling									158
							Mileage									5
EST Circulation with mud pump							FLOAT EQUIPMENT									
							Guide Shoe									
Hookup and mix 150sr and disp with 1/2 hbl of H2O - shut in @ 300ps							Centralizer									
							Baskets									
							AFU Inserts									
							Float Shoe									
							Latch Down									
Cement Did Circulate																
							Pumptrk Charge									Surface
							Mileage									5
												Tax				
												Discount				
X Signature <i>William Lawrence</i>												Total Charge				

Thank You

QUALITY WELL SERVICE, INC.

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Office / Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	8-20-12	Sec.	28	Twp.	13	Range	15	County	Russell	State	KS	On Location		Finish	2:30-3:00pm
Lease	Rohleder		Well No.	2		Location Russell ks SW 1/4 N W10									
Contractor	Southwind #2					Owner									
Type Job	Rotary Plug					To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.									
Hole Size						T.D.	3420								
Csg.						Depth	Charge To SAG								
Tbg. Size						Depth	Street								
Tool						Depth	City State								
Cement Left in Csg.						Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.								
Meas Line						Displace	Cement Amount Ordered 210 60/40 4% 1/4" F10								

EQUIPMENT

Pumptrk	No.	8		Cody	Common	130
Bulktrk	No.	4		Heath	Poz. Mix	80
Bulktrk	No.				Gel.	7
Pickup	No.				Calcium	

JOB SERVICES & REMARKS

Rat Hole	30sx	Hulls	
Mouse Hole		Salt	
Centralizers		Flowseal	52.50
Baskets		Kol-Seal	
D/V or Port Collar		Mud CLR 48	
1st plug @ 3328'	= 25sx	CFL-117 or CD110 CAF 38	
		Sand	
		Handling	217
2nd plug @ 1000'	= 25sx	Mileage	5

FLOAT EQUIPMENT

3rd plug @ 500'	= 80sx	Guide Shoe	
		Centralizer	
4th plug @ 275'	40sx	Baskets	
		AFU Inserts	
10sx = 40' with 8 5/8 dry hole plug		Float Shoe	
		Latch Down	

8 5/8 Dry hole Plug

Thank You!!

Pumptrk Charge Rotary Plug
Mileage 5

Signature	Pillman	Tax	
		Discount	
		Total Charge	