



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: _____



1147637

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 Bbbs.	Gas Mcf	Water Bbbs.	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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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755 HWY 385
 BURLINGTON, CO 80807 (719) 346-8806
 1301 W. 25 ST.
 GOODLAND, KS 67735 (785) 899-6535
 880 U S HWY 385
 CHEYENNE WELLS, CO 80810
 (719) 767-5892

WWW.SCHLOSSERCONCRETE.COM

P.O. No. DATE: 7-18 2013

CUSTOMER/CONTRACTOR: Lobo
 MAIL ADDRESS: _____

PROJECT LOCATION: Wiese 4-7 MIX TYPE/USAGE: _____

QUANTITY	PRODUCT REFERENCE	UNIT PRICE	AMOUNT
	CUBIC Yds. <u>70</u> SK. _____ PSI.		
	ADDITIVE 1: _____		
	ADDITIVE 2: _____		
	ADDITIVE 3: _____		
	SLUMP REQUESTED: _____ INCH		
	WATER AT PLANT: <u>440</u> GAL.		
	WATER ADDED AT SITE: _____ GAL.		
	DELIVERY CHARGE: _____		
	UNLOADING TIME: _____		
	MISC: _____		
<p>I acknowledge receipt of the above described material. I assume responsibility for reduced strength where water is added. I also assume responsibility for and waive against the seller for damage occasioned by the delivery of the above address.</p> <p><i>R. Rippe</i></p>			
<p>CAUTION: Freshly mixed cement, mortar, concrete or ground may cause skin injury. Avoid contact with skin where possible and wash exposed skin area promptly with water. If any cement mixtures get into eyes, rinse immediately and repeatedly with water and get prompt medical attention.</p> <p>KEEP OUT OF REACH OF CHILDREN</p>			
TOTAL			<u>1085.50</u>

A. Periodic FINANCE CHARGE (ANNUAL PERCENTAGE OF 24%) will be applied to any past due balance

MILEAGE	DRIVER <u>Sen</u>	TRUCK # <u>36</u>
UNLOADING TIME	START <u>1115</u>	STOP _____
TOTAL		TOTAL _____

DELIVERY TICKET

785-623-3157
 2263
 Darrell
 970-630-0741 cell
 ST. FRANCIS
 RediMix
 CK# 777

Darrel Ritchey, Owner - St. Francis, Kansas 67756
 Phone (785) 332-2014
 Mailing Address P.O. Box 768
 1375 Angle Road, St. Francis

Date 6-12-13
Lobo Production
John 185-821-3124

Received By: _____
 1 1/2 % Per Month Charged On All Accounts After 30 Days

yd	Type	@
<u>18/sk</u>	<u>45 sacks w/ 1 per/sk</u>	
	<u>240 gallons water</u>	
	<u>Loading fee</u>	<u>25.00</u>
	<u>Clean up fee</u>	<u>50.00</u>
	<u>9 miles x 4.50</u>	
	<u>Mileage</u>	<u>40.50</u>
	<u>Tax</u>	<u>70.59</u>
	<u>Total</u>	<u>996.09</u>