



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: _____



1156562

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
---	--	--

Southwinds Energy, LLC Drillers Log

Operator: Jack Rutledge DBA JR Oil

Address: PO Box 273

Sedan, KS 67361

Lease	Alexander/Wolfe
Well No.	16
Footage Location	T34S R12E Section 33
	650 FSL 4740 FEL
Contractor	Southwinds Energy, LLC
Spud Date	8/8/2013
Date Completed	8/12/2013
Total Depth	1100'

Casing Record	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Cement	Sacks
Surface	9.875"	7"	18lbs/ft	40.35'	Portland	8
Production	5.625"	2.875"	6.4lbs/ft	1092'		

Well Log

Formation	Top	Bottom	Formation	Top	Bottom
Top soil	0	4	Shale	800	827
Clay	4	6	Lime	827	830
Lime	6	9	Sand	830	860
Shale	9	17	Shale	860	993
Lime	17	38	Lime	993	1014
Shale	38	70	Sand	1014	1048
Sand	70	124	Shale	1048	1066
Shale	124	287	Lime	1066	1100
Sand	287	307			
Shale	307	342			
Lime	342	345			
Sand	345	352			
Shale	352	414			
Lime	414	417			
Shale	417	450			
Sand	450	510			
Shale	510	533			
Lime	533	534			
Sand	534	600			
Shale	600	651			
Sand	651	800			

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	JR Oil	State, County	Chautauqua, Kansas	Cement Type	CLASS A
Job Type	Long String	Section	33	Excess (%)	30%
Customer Acct #		TWP	34	Density	14.2
Well No.	Saltwater Well #1	RGE	12E	Water Required	5.75
Mailing Address		Formation		Yeild	1.26
City & State		Tubing	2 7/8"	Sacks of Cement	130
Zip Code		Drill Pipe		Slurry Volume	29.2 bbl
Contact		Casing Size		Displacement	6.3
Email		Hole Size	5 5/8"	Displacement PSI	300-3000
Cell		Casing Depth	1092'	MIX PSI	200-300
Dispatch Location	BARTLESVILLE	Hole Depth	1100	Rate	3 bpm

Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,085.00	\$ 1,085.00
5402	FOOTAGE	1000	PER FOOT	\$0.23	\$ 230.00
5406	EQUIPMENT MILEAGE (ONE-WAY)	45	PER MILE	\$4.20	\$ 189.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$368.00	\$ 368.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
EQUIPMENT TOTAL					\$ 1,872.00

Cement, Chemicals and Water					
1124	50/50 POZMIX CEMENT W/ NO ADDITIVES	130	0	\$11.50	\$ 1,495.00
1107A	PHENOSEAL	40	0	\$1.35	\$ 54.00
1118B	PREMIUM GEL/BENTONITE (50#)	225	0	\$0.22	\$ 49.50
1110A	KOL SEAL (50 # SK)	650	0	\$0.46	\$ 299.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
1123	CITY WATER (PER 1000 GAL)	4200	Per 1000 Gal	\$17.30	\$ 71.40
Chemical Total					\$ 1,968.90

Cement Water Transports					
5501C	WATER TRANSPORT (CEMENT)	3	ATER TRANSPORT (CEMEI	\$120.00	\$ 360.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Transports Total					\$ 360.00

Cement Floating Equipment (TAXABLE)					
Cement Basket					
0			0	\$0.00	\$ -
Centralizer					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Float Shoe					
0			0	\$0.00	\$ -
Float Collars					
0			0	\$0.00	\$ -
Guide Shoes					
0			0	\$0.00	\$ -
Baffle and Flapper Plates					
0			0	\$0.00	\$ -
Packer Shoes					
0			0	\$0.00	\$ -
DV Tools					
0			0	\$0.00	\$ -
Ball Valves, Swedges, Clamps, Misc.					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Plugs and Ball Sealers					
4402	2 7/8" RUBBER PLUG	2	0	\$0.00	\$ 59.00
Downhole Tools					
0			0	\$0.00	\$ -

		CEMENT FLOATING EQUIPMENT TOTAL		\$ 59.00
		0		SUB TOTAL
		8.30%		SALES TAX
		15%		TOTAL
		(-DISCOUNT)		\$ 638.99
DISCOUNTED TOTAL				\$ 3,784.44

TRUCK#	DRIVER NAME
577	Kirk Sanders
398	Bryan Scullaw
551	Jeff Fildes
	Nunneley's

AUTHORIZATION _____ TITLE _____

DATE _____ FOREMAN _____

I ACKNOWLEDGE THAT THE PAYMENT TERMS, UNLESS SPECIFICALLY AMENDED IN WRITING ON THE FRONT OF THE FORM OR IN THE CUSTOMER'S ACCOUNT RECORDS, AT OUR OFFICE, AND CONDITIONS OF SERVICE ON THE BACK OF THIS FORM ARE IN EFFECT FOR SERVICES IDENTIFIED ON THIS FORM.

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	JR Oil	State, County	Chautauqua , Kansas	Cement Type	CLASS A
Job Type	Long String	Section	0	Excess (%)	30%
Customer Acct #	0	TWP	0	Density	14.2
Well No.	Saltwater Well #1	RGE	0	Water Required	5.75
Mailing Address	0	Formation	0	Yeild	1.26
City & State	0	Tubing	2 7/8"	Sacks of Cement	130
Zip Code	0	Drill Pipe	0	Slurry Volume	29.2 bbl
Contact	0	Casing Size	0	Displacement	6.3
Email	0	Hole Size	5 5/8"	Displacement PSI	300-3000
Cell	0	Casing Depth	1092'	MIX PSI	200-300
Dispatch Location	BARTLESVILLE	Hole Depth	1100	Rate	3 bpm
Time:	Description	Rate (bpm)	Volume (bbl)	Pressure	Notes
Amount of Cement Left in Casing					
Remarks:					
Established circulation, 3 bpm @ 200-300, ran 130sx of 50/50 POZ w/ 2% gel, 5# kol seal, .40# pheno @ 14.2 ppg. Flushed pump and lines, dropped 2 plugs and displaced 1.5 bbl before pressuring up to 1500#. Released pressure and pressured up to 2000#. Released pressure and pressured up to 3000#.					
Could not pump into. Shut down and washed up. Left approximately 830' of cement in tubing.					



Invoice/Bill of Lading

EMERGENCY 24 HOUR RESPONSE
1-800-535-5053

PO Box 542
Winfield, KS 67156
Ph: 620-221-7524 Fax: 620-221-7514

Date	Invoice#
8/29/2013	11573

Bill To
Jack Rutledge
<i>SR oil</i>

Lease/Well Name: *Alexander Sand*

Terms	Due Date	P.O. #	Origin	Ship Date	Truck #	Driver	County
Due on rec...	8/29/2013		Winfield, KS	8/29/2013			Chautauqua

No. of Package	HM	Item Code	Description	Total Weight	Quantity (Gallons)	Unit Price	Amount
1 cargo tank	X	HCl	UN1789, Hydrochloric acid solution, 8, PG II		750	1.85	1,387.50
		StdTruck Miles	Standard Truck Charge Miles One Way		15	450.00 3.00	450.00 45.00

TRUCK # 5702

KG

15% FE Acid		Subtotal	\$1,882.50
-------------	--	-----------------	------------

Thank you for your business!	Customer Representative	Date	Sales Tax (8.15%)	\$0.00
------------------------------	-------------------------	------	--------------------------	--------

<p>LIMITATION OF LIABILITY Seller shall not be liable for, and buyer assumes responsibility for all personal injuries and property damages resulting from the handling, possession or use of the goods after delivery to buyer. In no event shall seller's liability exceed the purchase price of the products or services that are the subject of any claims made by buyer. In no event shall buyer be entitled to incidental or consequential damages. Buyer further agrees to indemnify and hold seller harmless from all claims, losses or damages attributable to pollution or contamination and cost of control or removal thereof, alleged to have been caused by materials sold to buyer hereunder.</p>			Total	\$1,882.50
---	--	--	--------------	------------

1 1/2% Interest per month charged on all past due accounts