



**CONFIDENTIAL**

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

OPERATOR: License # 5214  
Name: Lario Oil & Gas Company  
Address 1: 301 S MARKET ST  
Address 2: \_\_\_\_\_  
City: WICHITA State: KS Zip: 67202 + 3805  
Contact Person: Jay Schweikert  
Phone: ( 316 ) 265-5611  
CONTRACTOR: License # 33575  
Name: WW Drilling, LLC  
Wellsite Geologist: Wesley Hansen  
Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well     Re-Entry     Workover
- Oil     WSW     SWD     SLOW
- 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 #: \_\_\_\_\_

<u>04/07/2011</u>	<u>04/17/2011</u>	<u>05/17/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-109-20990-00-00

Spot Description: \_\_\_\_\_

NE SW NW NE Sec. 36 Twp. 14 S. R. 32  East  West

775 Feet from  North /  South Line of Section

2300 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Logan

Lease Name: Krebs Credit Shelter Well #: 2-36

Field Name: \_\_\_\_\_

Producing Formation: Lansing & Johnson

Elevation: Ground: 2702 Kelly Bushing: 2704

Total Depth: 4474 Plug Back Total Depth: 4332

Amount of Surface Pipe Set and Cemented at: 225 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: 2153 Feet

If Alternate II completion, cement circulated from: 2153

feet depth to: 0 w/ 360 sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: 10000 ppm Fluid volume: 1100 bbls

Dewatering method used: Evaporated

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: 08/04/2011
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: NAOMI JAMES Date: 08/04/2011