



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

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

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

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 # 30606

Name: Murfin Drilling Co., Inc.

Wellsite Geologist: Brad Rine

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>06/19/2012</u>	<u>07/02/2012</u>	<u>08/21/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-109-21103-00-00

Spot Description: _____

SW NW NE NE Sec. 4 Twp. 15 S. R. 32 East West

385 Feet from North / South Line of Section

1050 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Logan

Lease Name: Rose A Well #: 1-4

Field Name: _____

Producing Formation: Johnson & Basal Penn

Elevation: Ground: 2693 Kelly Bushing: 2704

Total Depth: 4470 Plug Back Total Depth: 4439

Amount of Surface Pipe Set and Cemented at: 224 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 2179 Feet

If Alternate II completion, cement circulated from: 490

feet depth to: 2179 w/ 0 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 14000 ppm Fluid volume: 900 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: 09/28/2012
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 10/04/2012