



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: _____



1065983

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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Merchant Copy
INVOICE
 THE GARNETT TRUE VALUE HOME CENTER

410 N. Michs
 Garnett, MO 65038
 (785) 448-7108 FAX (785) 448-7186

Page 1 Invoice: 10173800
 Order # 0000387
 Order Pt 1

Special Instructions: 180702
 Date: 06/07/11
 Invoice Date: 06/07/11
 Due Date: 07/08/11

Sale rep. n. MIKE
 Add rep. info: 8th TN ROSSER KENT
 (785) 448-8888 NOT FOR HOUSE USE
 (785) 448-8888

Customer PO: 0000387
 Customer PO: 0000387

ORDER	SHIP	LT	UNIT	ITEM	DESCRIPTION	PRICE	EXTENSION
8.00	PL	RL	483008	70018 GLV ROLL VALLERYBINSURPT	48.9000 ea.	48.9000	47.48

PAID BY: CHECKED BY: DATE SHIPPED: OWNER: Sales total: 487.88

SHIP VIA: Customer Pick Up
 RESERVE COMPLETE AND IN GOOD CONDITION
 Taxable: 47.48
 Non-taxable: 0.00
 Tax # 7.51

John Miller

TOTAL: 487.88

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THE GARNETT TRUE VALUE HOME CENTER

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INVOICE
 THE GARNETT TRUE VALUE HOME CENTER

410 N. Michs
 Garnett, MO 65038
 (785) 448-7108 FAX (785) 448-7186

Page 1 Invoice: 10172765
 Order # 0000387
 Order Pt 1

Special Instructions: 180888
 Date: 06/07/11
 Invoice Date: 06/07/11
 Due Date: 07/08/11

Sale rep. n. MIKE
 Add rep. info: 8th TN ROSSER KENT
 (785) 448-8888 NOT FOR HOUSE USE
 (785) 448-8888

Customer PO: 0000387
 Customer PO: 0000387

ORDER	SHIP	LT	UNIT	ITEM	DESCRIPTION	PRICE	EXTENSION
840.00	PL	BAG	0774	FLY ASH MIX 80 LBS PER BAG	8.0000 bag	840.00	840.00
7.00	PL	PL	0775	MORGAN PALLET	14.0000 p.	7.00	96.00
840.00	PL	BAG	0776	PORTLAND CEMENT-94	8.4000 bag	840.00	4884.00

PAID BY: CHECKED BY: DATE SHIPPED: OWNER: Sales total: 840.00

SHIP VIA: ANDERSON COUNTY
 RESERVE COMPLETE AND IN GOOD CONDITION
 Taxable: 840.00
 Non-taxable: 0.00
 Tax # 651.59

TOTAL: 8774.00

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THE GARNETT TRUE VALUE HOME CENTER