



**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: \_\_\_\_\_



1069575

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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**R.J. Enterprise**  
**22808 NE Neosho RD**  
**Garnett, KS 66032**

**Herman 4-I**

Start 9-27-2011

Finish 9-28-2011

2	soil	2	
7	clay	9	
37	lime	46	
165	shale	211	
33	lime	244	
69	shale	313	
9	lime	322	
6	shale	328	set 20' 7"
40	lime	368	ran 847' 2 7/8
18	shale	386	cemented to surface 90 sxs
14	lime	400	
7	shale	407	
13	lime	420	
167	shale	587	
20	lime	607	
57	shale	664	
30	lime	694	
24	shale	718	
10	lime	728	
18	shale	746	
7	lime	753	
9	shale	762	
6	lime	768	
14	shale	782	
19	sandy shale	801	odor
4	Bkn sand	805	good show
10	sandy shale	815	show
12	Bkn sand	827	good show
4	Dk sand	831	show
22	shale	853	T.D.

**GARNETT TRUE VALUE HOMECENTER**  
 410 N Maple  
 Garnett, KS 66032  
 (785) 448-7108 FAX (785) 448-7135

Merchant Copy  
**INVOICE**  
 THE GARNETT TRUE VALUE  
 HOMETRACK AT GARNETT

Invoice: 10176263

Page: 1  
 Special: 1420189  
 Ship Date: 09/18/11  
 Invoice Date: 09/18/11  
 Due Date: 10/08/11  
 Bill To: MIKE  
 Ship To: ROGER KEHT  
 665 TR NICHOLAS RD  
 GARNETT, KS 66032  
 (785) 448-8985  
 (785) 448-8985  
 Order # 000087  
 Customer PO:  
 Order By:

ORDER #	SHIP L	UOM	ITEM #	DESCRIPTION	Alt Price/Unit	PRICE	EXTENSION
666,00	880,00	P	880	PLY 5/8" X 8" PER BAG	0.0900 UAG	18,000.00	3410.40
14,00	14,00	P	14	MONARCH PALLET	18,000.00	18,000.00	810.00
ORDERED BY: DANIEL SHIFFLE CHECKED BY: DANIEL SHIFFLE DRIVER: SHIFFLE SHIP VIA: ALBERTSON COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION					Sales Total:	\$3690.40	
					Taxable:	3690.40	
					Non-taxable:	0.00	
					Tax #		282.40
					Sales Tax:		282.40
					<b>TOTAL:</b>		<b>\$3972.80</b>

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Merchant Copy  
**INVOICE**  
 THE GARNETT TRUE VALUE  
 HOMETRACK AT GARNETT

Invoice: 10176390

Page: 1  
 Special: 181081  
 Ship Date: 09/15/11  
 Invoice Date: 09/15/11  
 Due Date: 10/05/11  
 Bill To: MIKE  
 Ship To: Y BBI  
 665 TR NICHOLAS RD  
 GARNETT, KS 66032  
 (785) 448-8985  
 (785) 448-8985  
 Order # 000087  
 Customer PO:  
 Order By:

ORDER #	SHIP L	UOM	ITEM #	DESCRIPTION	Alt Price/Unit	PRICE	EXTENSION
80,00	20,00	P	20	FRIBURIE TREATED-48" X 12" X 12"	79.1800 UAG	15,836.00	378.60
80,00	80,00	P	80	FRIBURIE TREATED-48" X 8" X 16" CDA	99.7110 UAG	31,890.00	639.40
ORDERED BY: DANIEL SHIFFLE CHECKED BY: DANIEL SHIFFLE DRIVER: SHIFFLE SHIP VIA: QUINCY PEEK UP RECEIVED COMPLETE AND IN GOOD CONDITION					Sales Total:	\$19,826.00	
					Taxable:	19,826.00	
					Non-taxable:	0.00	
					Tax #		84.63
					Sales Tax:		84.63
					<b>TOTAL:</b>		<b>\$20,715.23</b>

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