



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: _____



1069576

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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R.J. Enterprise
22808 NE Neosho RD
Garnett, KS 66032

Herman 10-A

Start 9-29-2011

Finish 10-3-2011

3	soil	3	
7	clay	10	
38	lime	48	
165	shale	213	
32	lime	245	
69	shale	314	
10	lime	324	
5	shale	329	set 20' 7"
40	lime	369	ran 875.1' 2 7/8
19	shale	388	cemented to surface 90 sxs
15	lime	403	
7	shale	410	
12	lime	422	
168	shale	590	
23	lime	613	
54	shale	667	
29	lime	696	
23	shale	719	
13	lime	732	
16	shale	748	
9	lime	757	
10	shale	767	
6	lime	773	
15	shale	788	
7	sandy shale	795	odor
6	Bkn sand	801	good show
8	sandy shale	809	show
8	Bkn sand	817	show
4	Bkn sand	821	good show
7	oil sand	828	good show
5	Dk sand	833	
52	shale	885	T.D.

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

Merchant Copy
INVOICE
 THE GREAT VALUE COMPANY
 10176263

Page: 1
 Special: 1412028
 Invoice Date: 09/18/11
 Date Paid: 10/09/11
 Order No: 0000967
 Order No: 0000967
 Order No: 0000967

Ship To: **ROGER KENT**
 2808 NE NICHOL RD
 GARNETT, KS 66032
 Ship To: **ROGER KENT**
 2808 NE NICHOL RD
 GARNETT, KS 66032
 (785) 448-6938

ORDER #	SHIP TO	ITEM #	DESCRIPTION	AMOUNT	PRICE	EXTENSION
0000967	1400	CPFA	FLY ASH MIX 80 LBS PER BAG	15.0000 EA	0.5900	81.000
			MONARCH PALLET		15.0000 EA	81.000
TOTAL						\$3680.40

ORDERED BY: DATE SHIPPED: DRIVER:
 SHIP VIA: ANDERSON COUNTY
 MERCHANDISE AND NICHOLSON CONNECTION
 Taxable: 3680.40
 Non-taxable: 0.00
 Sales tax: 282.40
TOTAL: \$3962.80

1 - Merchant Copy

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

Merchant Copy
INVOICE
 THE GREAT VALUE COMPANY
 10176360

Page: 1
 Special: 1320661
 Invoice Date: 09/18/11
 Date Paid: 10/09/11
 Order No: 0000967
 Order No: 0000967
 Order No: 0000967

Ship To: **ROGER KENT**
 2808 NE NICHOL RD
 GARNETT, KS 66032
 Ship To: **ROGER KENT**
 2808 NE NICHOL RD
 GARNETT, KS 66032
 (785) 448-6938

ORDER #	SHIP TO	ITEM #	DESCRIPTION	AMOUNT	PRICE	EXTENSION
0000967	2000	TR1812	PRESSURE TREATED-48 X 18 X 18'	78.1200 EA	18.9500	1481.800
			PRESSURE TREATED-48 X 18 X 18' COA	888.7010 EA	11.9500	10611.800
TOTAL						\$12103.60

ORDERED BY: DATE SHIPPED: DRIVER:
 SHIP VIA: Customer Pick-up
 MERCHANDISE AND NICHOLSON CONNECTION
 Taxable: 12103.60
 Non-taxable: 0.00
 Sales tax: 94.83
TOTAL: \$12198.43

1 - Merchant Copy