



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: _____



1070282

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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) (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

Ware 19-I

Start 10-5-2011

Finish 10-10-2011

3	soil	3	
11	clay	14	
43	lime	57	
165	shale	222	
31	lime	253	
68	shale	321	
9	lime	330	
6	shale	336	set 20' 7"
40	lime	376	ran 875.9' 2 7/8
22	shale	398	cemented to surface 90 sxs
12	lime	410	
7	shale	417	
15	lime	432	
165	shale	597	
22	lime	619	
58	shale	677	
27	lime	704	
22	shale	726	
13	lime	739	
16	shale	755	
7	lime	762	
9	shale	771	
6	lime	777	
13	shale	790	
10	sandy shale	800	odor
8	Bkn sand	808	show
4	sandy shale	812	show
12	Bkn sand	824	good show
11	Oil sand	835	good show
9	Dk sand	844	show
38	shale	882	T.D.

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7108 FAX (785) 448-7138

Merchant Copy
INVOICE
 THE GARNETT TRUE VALUE CENTER

Invoice: 10176798

Page: 1
 Special Incentives
 Bill no: MIKE
 Ship To: ROGER KEAT
 8003 N WOODS RD
 GARNETT, KS 66032
 (785) 448-8988 NOT FOR HOUSE USE
 (785) 448-8988
 Customer PO: 0000387
 Order by: Customer PO

ORDER	SHIP	LT	UNIT	ITEM#	DESCRIPTION	ALL PRICED UNIT	PRICE	EXTENSION
68000	F	EA			FLY ASH MILK 80 LBS PER BAG	6.0000	6.0000	3188.80
18.00	P	FL			MOHARON PALLET	18.0000	18.0000	188.00
ORDERED BY: DATE SHIPPED: DRIVER: FILED BY: ANDERSON COUNTY SHIP VIA: ANDERSON COUNTY RECEIVED DATE/AMOUNT IN GOOD CONDITION:						Taxable: \$381.80 Non-taxable: 0.00 Sales tax: 262.43		Order total: \$381.80 TOTAL: \$381.80

1 - Merchant Copy



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Invoice: 10176832

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 (785) 448-8988
 Customer PO: 0000387
 Order by: Customer PO

ORDER	SHIP	LT	UNIT	ITEM#	DESCRIPTION	ALL PRICED UNIT	PRICE	EXTENSION
70.00	F	EA			KHAFI BROWN 8 1/4 LAP	12.9900	12.9900	899.80
ORDERED BY: DATE SHIPPED: DRIVER: FILED BY: ANDERSON COUNTY SHIP VIA: ANDERSON COUNTY RECEIVED DATE/AMOUNT IN GOOD CONDITION:						Taxable: 808.80 Non-taxable: 0.00 Sales tax: 70.53		Order total: 899.80 TOTAL: 899.80

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