



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



1070286

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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**R.J. Enterprise**  
**22808 NE Neosho RD**  
**Garnett, KS 66032**

**Ware 29-A**

Start 10-11-2011

Finish 10-12-2011

3	soil	3	
5	clay	8	
30	lime	38	
165	shale	203	
28	lime	231	
73	shale	304	
10	lime	314	
6	shale	320	set 20' 7"
43	lime	363	ran 846.4' 2 7/8
14	shale	377	cemented to surface 90 sxs
17	lime	394	
6	shale	400	
14	lime	414	
168	shale	582	
22	lime	604	
57	shale	661	
29	lime	690	
22	shale	712	
15	lime	727	
14	shale	741	
6	lime	747	
9	shale	756	
8	lime	764	
14	shale	778	
9	sandy shale	787	odor
6	Bkn sand	793	good show
6	sandy shale	799	show
24	Bkn sand	823	good show
5	Dk sand	828	good show
24	shale	852	T.D.

**GARNETT TRUE VALUE HOMECENTER**

410 N Maple  
Garnett, KS 66032  
(785) 448-7108 FAX (785) 448-7135

Merchant Copy  
**INVOICE**  
THE GARNETT CENTER

Invoice: 10177291

Page: 1  
Special Invoice  
Bill to: JIM  
Ship to: ROBERT KENT  
2502 N WICHITA RD  
GARNETT, MO 65038  
Phone: (785) 448-8895  
Fax: (785) 448-8895  
Not for resale

Order # 000087  
Order by: ROBERT KENT  
Ship to: ROBERT KENT  
2502 N WICHITA RD  
GARNETT, MO 65038  
Phone: (785) 448-8895  
Fax: (785) 448-8895  
Not for resale

ORDER	SHIP	LT	UM	ITEM#	DESCRIPTION	AM	PRICE	EXTENSION
17.00	17.00	P	BL	CPMP	MONARCH PALLET	18,000.00	18,000.00	555.00
830.00	830.00	P	BL	CPMP	PORTLAND CEMENT-94#	8,490.00	8,490.00	4481.70
FILLED BY: CHECKED BY: DATE SHIPPED: DRIVER: SHIP VIA: ANDERSON COUNTY RETURNED TO: ANDERSON COUNTY						Sales Total		41784.70
Taxable Non-taxable Tax #						4784.70	0.00	
						Sales tax		370.87
						<b>TOTAL</b>		<b>53186.27</b>

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Merchant Copy  
**INVOICE**  
THE GARNETT CENTER

Invoice: 10177313

Page: 1  
Special Invoice  
Bill to: MIKE  
Ship to: ROBERT KENT  
2502 N WICHITA RD  
GARNETT, MO 65038  
Phone: (785) 448-8895  
Fax: (785) 448-8895  
Not for resale

Order # 000087  
Order by: ROBERT KENT  
Ship to: ROBERT KENT  
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GARNETT, MO 65038  
Phone: (785) 448-8895  
Fax: (785) 448-8895  
Not for resale

ORDER	SHIP	LT	UM	ITEM#	DESCRIPTION	AM	PRICE	EXTENSION
850.00	850.00	P	BL	CPMP	PLY ASPH BRK 90 LBS PER BAG	8,490.00	8,490.00	6410.40
1.00	1.00	P	PL	CPMP	MONARCH PALLET	18,000.00	18,000.00	15.00
FILLED BY: CHECKED BY: DATE SHIPPED: DRIVER: SHIP VIA: ANDERSON COUNTY RETURNED TO: ANDERSON COUNTY						Sales Total		9345.40
Taxable Non-taxable Tax #						3428.40	0.00	
						Sales tax		287.19
						<b>TOTAL</b>		<b>9982.49</b>

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