



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: _____



1070289

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

Ware 30-A

Start 10-12-2011

Finish 10-13-2011

3	soil	3	
5	clay	8	
30	lime	38	
165	shale	203	
26	lime	229	
73	shale	302	
8	lime	310	
6	shale	316	set 20' 7"
43	lime	359	ran 845.8' 2 7/8
16	shale	375	cemented to surface 90 sxs
17	lime	392	
6	shale	398	
14	lime	412	
166	shale	578	
20	lime	598	
56	shale	654	
29	lime	683	
22	shale	705	
13	lime	718	
15	shale	733	
9	lime	742	
8	shale	750	
8	lime	758	
17	shale	775	
4	sandy shale	779	odor
37	Bkn sand	816	good show
6	Dk snad	822	show
30	Shale	852	T.D.

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

Merchant Copy
INVOICE
 THIS COPY NOT VALID AT
 OTHER STORES

Page: 1 Invoice: 1017281

Special : 08/08/18
 Instructions :
 Ship Date: 10/1/11
 Invoice Date: 10/1/11
 Due Date: 11/08/11

Bill to: JIM
 Accr rep code:
 Ship To: ROGER KENT
 3255 NE NICHOLS RD
 GARNETT, KS 66032
 (785) 448-8998
 (785) 448-8998

Customer PO: 0000387 Order By:

ORDER	SHIP	L	UM	ITEM	DESCRIPTION	UNIT PRICE/Lb	PRICE	EXTENSION
17.00	P. PL	CPMP		MONARCH PALLET		18.0000 P.	360.00	360.00
800.00	P. BAG	CPMP		PORTLAND CEMENT-94#		8.4800 mg	8.4800	4489.70

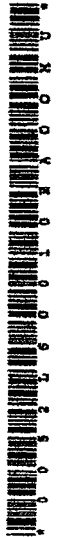
PAID BY: CHECKED BY: DATE SHIPPED: DRIVER:

SHIP VIA: ANDERSON COUNTY
 RETURNED COMPLETE AND IN GOOD CONDITION

Tealble 4784.70
 Non-taxable 0.00
 Tax # 970.87

Sales total 54784.70
 Sales tax 970.87
TOTAL 55755.57

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

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INVOICE
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Page: 1 Invoice: 1017313

Special : 12/17/18
 Instructions :
 Ship Date: 10/1/11
 Invoice Date: 10/1/11
 Due Date: 11/08/11

Bill to: MIKE
 Accr rep code:
 Ship To: ROGER KENT
 3255 NE NICHOLS RD
 GARNETT, KS 66032
 (785) 448-8998
 (785) 448-8998

Customer PO: 0000387 Order By:

ORDER	SHIP	L	UM	ITEM	DESCRIPTION	UNIT PRICE/Lb	PRICE	EXTENSION
1.00	P. PL	CPMP		MONARCH PALLET		18.0000 P.	18.0000	18.00
800.00	P. BAG	CPMP		FLY ASH MIX 80 LBS PER BAG		8.0900 mg	8.0900	8410.40

PAID BY: CHECKED BY: DATE SHIPPED: DRIVER:

SHIP VIA: ANDERSON COUNTY
 RETURNED COMPLETE AND IN GOOD CONDITION

Tealble 9425.40
 Non-taxable 0.00
 Tax # 487.19

Sales total 93425.40
 Sales tax 487.19
TOTAL 93912.59

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