



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: _____



1071648

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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**R.J. Enterprise
22082 NE Neosho RD
Garnett, KS 66032**

Weiss 9-A

Start 11-11-2011

Finish 11-14-2011

3	soil	3	
3	clay rock	6	
49	lime	55	
155	shale	210	
33	lime	243	
66	shale	309	
14	lime	323	
6	shale	329	set 20' 7"
41	lime	370	ran 870.9' 2 7/8
19	shale	389	cemented to surface 90 sxs
16	lime	405	
5	shale	410	
14	lime	424	
166	shale	590	
20	lime	610	
59	shale	669	
29	lime	698	
25	shale	723	
13	lime	736	
14	shale	750	
7	lime	757	
12	shale	769	
4	lime	773	
17	shale	790	
6	sandy shale	796	odor
10	sandy shale	806	show
25	bkn sand	831	good show
6	Dk sand	837	show
40	shale	877	T.D.

GARNETT TRUE VALUE HOMECENTER

410 N. Main St
Garnett, KS 66032
(785) 448-7108 FAX (785) 448-7108

Merchant Copy
INVOICE
THE GARNETT CENTER

Invoice: 10178247

Special: 1814038
Invoice Date: 11/11/11
Ship Date: 12/02/11
Ship to: NAHILL, VA
Ship to: ROGER KEHT
5088 N.E. NICHOLS RD
GARNETT, KS 66038
Not for resale
Ship to: ROGER KEHT
(785) 448-8888 NOT FOR HOUSE USE
Customer #: 0000367
Order By: [Blank]

ORDER	SHIP	ITEM	DESCRIPTION	AMOUNT	PRICE	EXTENSION
8.00	PL	CHRP	BLOCK PALLIETT	18,000.00	18,000.00	80.00
FILLED BY: ORDERED BY: DATE SHIPPED: SHIP TO:				Balance Total	800.00	
SHIP VIA: CUSTOMER/PAID BY:				Taxable	800.00	
RETURNED GOODS AND IN GOOD CONDITION:				Non-Taxable	0.00	
Tax #				Balance Due	8.00	
				TOTAL	808.00	

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GARNETT TRUE VALUE HOMECENTER

410 N. Main St
Garnett, KS 66032
(785) 448-7108 FAX (785) 448-7108

Merchant Copy
INVOICE
THE GARNETT CENTER

Invoice: 10178355

Special: 1415181
Invoice Date: 11/11/11
Ship Date: 12/02/11
Ship to: MIKE
Ship to: ROGER KEHT
5088 N.E. NICHOLS RD
GARNETT, KS 66038
Not for resale
Ship to: ROGER KEHT
(785) 448-8888 NOT FOR HOUSE USE
Customer #: 0000367
Order By: [Blank]

ORDER	SHIP	ITEM	DESCRIPTION	AMOUNT	PRICE	EXTENSION
800.00	PL	CHRP	PKY ABH MIX 60 LBS PER BAG	800.00	800.00	8199.00
80.00	PL	CHRP	NON-PARCH PALLIETT	18,000.00	18,000.00	400.00
FILLED BY: ORDERED BY: DATE SHIPPED: SHIP TO:				Balance Total	8299.00	
SHIP VIA: ANTERBACH COUNTY				Taxable	8299.00	
RETURNED GOODS AND IN GOOD CONDITION:				Non-Taxable	0.00	
Tax #				Balance Due	829.00	
				TOTAL	8299.00	

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